

**PATIENT**  
Finnegan Bonderman

**SPECIES**  
Feline

**BREED**  
DSH

**SEX**  
Male Neutered

**AGE**  
10 years

**WEIGHT**  
12.13lbs

**INTERPRETED BY**  
Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**  
Pamela Harrigan,  
RDMS

**HOSPITAL NAME**  
Mass Veterinary  
Specialty Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
21395

**DATE**  
10/6/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM, stable at prior echo of 3/24/21 (MML). Current presentation: Finnegan is presently doing well at home. He is eating well with normal activity. His most recent thyroid level in August was normal. CV/RESP: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 100mmHg x 5. \*No sedation for study.  
-Pertinent previous echo findings: LA 1.48 cm; LA:Ao 1.48; IVS 0.56 cm; PW 0.53 cm; LVOT 1.4 m/s; mild LAE.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall dimensions are mildly increased (IVS > PW). There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. The endocardium appears mildly remodeled.  
**Left atrium:** The left atrium is mildly dilated. No smoke or thrombi seen.  
**Mitral valve:** The anterior leaflet of the mitral valve appears normal. No obvious systolic anterior motion is seen on 2D imaging. Trivial eccentric MR.  
**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No aortic insufficiency.  
**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.  
**Right atrium:** The right atrium is normal in dimension.  
**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.  
**Pulmonary valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Dynamic RVOT obstruction suspected on color flow.  
**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.  
**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 180bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.5
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.66
LVID diastole (cm)	1.3
PW thickness (cm)	0.59
LVID systole (cm)	0.6
FS (%)	55

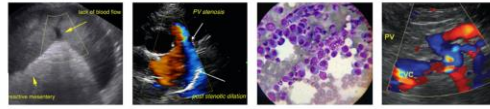
**Doppler Measurements**

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Largely unchanged HOCM. The left atrial dimension is stable and mildly dilated. A slight increase in septal dimension is noted; however, the overall disease appears stable. No additional issues are identified.

Given these findings, no medications remain indicated. Prognosis remains guarded given LA enlargement.



**PATIENT**  
Finnegan Bonderman

**SPECIES**  
Feline

**BREED**  
DSH

**SEX**  
Male Neutered

**AGE**  
10 years

**WEIGHT**  
12.13lbs

**INTERPRETED BY**  
Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**  
Mass Veterinary  
Specialty Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
21395

**DATE**  
10/6/21

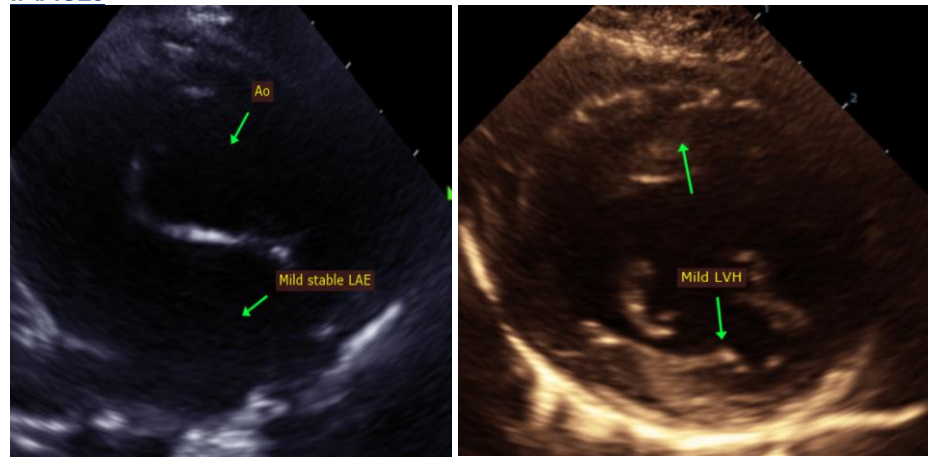
**RECOMMENDATIONS**

- No medications are indicated.
- Screening BP/T4 q6 months.
- Anesthetic risk is considered mildly elevated, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**PLAN**

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

**IMAGES**



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)