



**PATIENT**

Rufus Bolden

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

16.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sang K Han

**HOSPITAL NAME**

Oso Pet Care Center

**REFERRING VET**

Dr. Han

**INVOICE**

27218

**DATE**

11/1/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History of HCM.

-Current medications: Atenolol 10mg BID.

-Pertinent previous echo findings (4/2022 MML): Moderate LVH, minimal LAE, no SAM, no MR. CXR concerning for CHF at that time; however, no symptoms were noted. IVSd: 0.7, LVWd: 0.78, LA; 1.3.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**CARDIAC CHART**

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM)                        | IVSd (cm) (Moise, Pipers)                | LVIDd (cm) (Moise, Pipers) | LVWd (cm) (Moise, Pipers) | FS (%)         | EF (%)      |
|---------------------------|------------------|---------------------------------|--|----------------------------|---------------------------|----------------|-------------|
| NORMAL PARAMETER          | -----            | 150-240                         | 0.35-0.55                                | <2 (mean 1.5)              | 3.5-0.55                  | 35-67          | 80-100      |
| PATIENT                   | 7.3              | NM                              | 0.73                                     | 1.4                        | 0.70                      | 66             | 95          |
| FELINE CARDIAC PARAMETERS | LA/AO (Boon)     | LA/AO HEART BASE (Swe) (Abbott) | LA 2D short axis Base view (cm) (Abbott) |                            | LVOT VEL (m/s)            | RVOT VEL (m/s) | E max (m/s) |
| NORMAL                    | <1.5             | <1.3                            | <1.2                                     |                            | <1.6                      | <1.3           | <0.9        |
| PATIENT                   | 1.6              | 1.2                             | 1.2                                      |                            | NM                        | 0.9            | NM          |

*\*Note: All measurements based upon multi-modal images and methods. An average value is reported.*  
Adapted from June Boon, Veterinary Echocardiography, 1998  
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Compared to the prior study, findings are similar. The LV wall thickness is mild to moderately increased globally with regions of irregularity. The LA remains normal and LVOTO appreciated.

Given these findings, continue Atenolol going forward. The dose is extremely high and if this is accurate, reassessment of heart rate and stress response is recommended. Risk for complication at this time remains low without left atrial dilation.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).



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Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

## PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong. If the Atenolol dose was entered correctly, consider heat rate/response to stress.

A recheck echocardiogram is recommended in 6 months to assess for 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.

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