



DATE PRESENTING CLINICAL SIGNS

11.13.25

History: Recheck echo. grade 2/6 systolic murmur. Chronic thin BCS and intermittent GI signs, previous ultrasound showed significant inflammation. Pet has been stable on EOD maropitant, EOD mirataz, B12 weekly, probiotics and Royal Canin Limited Duck RX diet. Recent decreased appetite and vomiting,

PATIENT

Yuki Brown

responded to increasing frequency of maropitant
-Pertinent abnormal PE/Chem/CBC/UA Results (10/30/25): neutrophilia, otherwise stable
-Current medications: PROVIABLE DC CAPS, PROVIABLE FORTE CAPS, VITAMIN B12 INJECTION 100ML, MAROPITANT CITRATE 24MG TABLET, MIRATAZ (MIRTAZAPINE) TRANSDERMAL OINTMENT, Atenolol.

SPECIES

Feline

-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (2/13/25 MML): HOCM. LV: 0.75/0.68cm, LA: 1.5, LA/AO: 1.5, LVOT: 4.0.

BREED

Trukish Angora

-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

SEX

MN

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mild to moderately hypertrophied. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are mildly hypertrophied. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Mild eccentric MR, secondary to SAM. Blood flow through the LVOT and RVOT are both elevated in velocity with a dynamic profile. No pleural or pericardial effusion seen. No obvious cardiac tumors.

AGE

6.22.09

WEIGHT

9.7lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	NM	0.75	1.1	0.63	54	87
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	NM	1.4	1.4	3.9	2.4	NM	

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Notarangelo

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.

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistently stable findings. The degree of LV hypertrophy and LA dilation are unchanged, suggesting overall stability. The LVOT obstruction persist despite therapy, and no additional issues are seen.

Given these findings, reasonable to continue Atenolol going forward. No additional medications are necessary prior to progressive LA dilation. Prognosis is guarded long-term.

Anesthetic risk is considered mild, 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. 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.

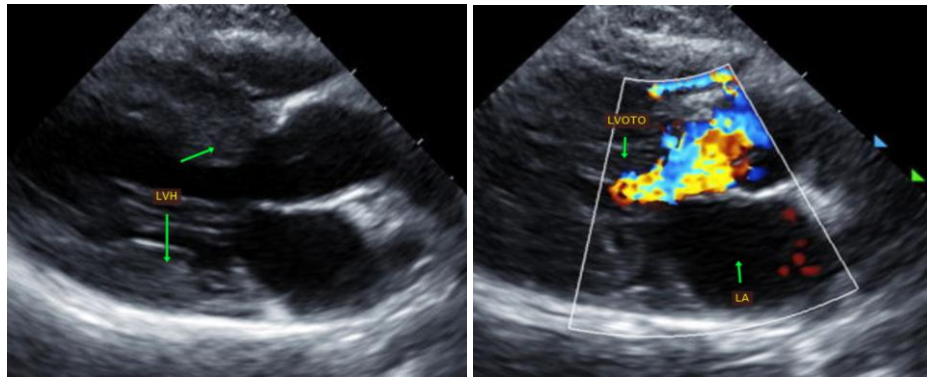
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

Screening BP/T4 every 6 months. Continue Atenolol ensuring stressed HRs maintain 140-160bpm.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

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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