



**PATIENT**

Solaris Mannix

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

9.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

C. Zumpano, DVM

**HOSPITAL NAME**

Pikesville Animal  
Hospital

**REFERRING VET**

Dr. Zumpano

**INVOICE**

45936

**DATE**

12/1/25

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Historical HOCM with VPCs; dx 2021. Measurements reportedly improved with atenolol.

Current medications: Atenolol 12.5mg q24, baby Aspirin ¼ twice weekly.

-Pertinent previous echo findings (12/2024): LA 9.8mm, LA/AO 1.11; M Mode IVSd 4.32mm, LVIDd 16.7mm, LVPWd 4.96mm. Stable with no change from previous.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with age-related fibrosis. Mild remodeling. The papillary muscles are hyperechoic yet normal in size. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR or SAM identified. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No AI/PI seen. No effusions. 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                   | 4.4              | NM                              | 0.49                                     | 1.5                        | 0.45                      | 55          | 86     |
| 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                   | 1.3              | 1.2                             | 1.1                                      | 0.9                        | 0.7                       | 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**

No significant abnormalities are appreciated. The LV wall thickness are normal and no LVOTO is seen. The LA is normal suggesting low risk for complication.

Given these findings, it is assumed that the dimensions have normalized due to Atenolol therapy; however, this is purely speculative without a prior report. If the drug is well tolerated, there is likely no downside to continuing it. Anticoagulation is unnecessary prior to left atrial dilation and Aspirin can be safely discontinued. Routine BP/T4 monitoring is advised as below.

Anesthetic risk is low. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Prognosis is guarded and serial monitoring is advised.



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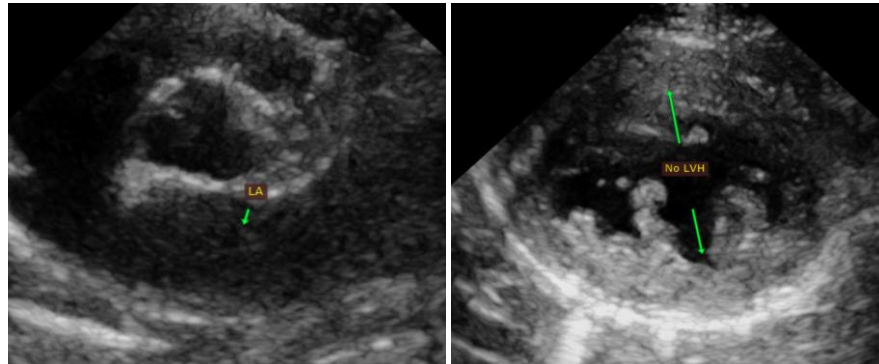
12/1/25

## PLAN

Assuming a prior diagnosis of HOCM is confirmed, reasonable to continue Atenolol as discussed. Monitor BP and T4 every 6 months.

Recommend recheck echocardiogram annually to assess for any progressive issues.

## 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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