



PATIENT

Mittens Avallone

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

11 years

WEIGHT

7.4lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo – history of HOCM. VPCs noted previously; not on most recent evaluation. On Lasix and atenolol (SID)
-Pertinent previous echo findings (8/2025 MML): HOCM. IVSd: 0.43, LVWd: 0.47, LA: 1.2. Atenolol utilized long-term.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The underlying rhythm is sinus in origin with an average heart rate of 160bpm. VPCs are noted throughout with great frequency. Periods of bigeminy. Couplets and rare triplets are observed.
ECG diagnosis: Normal sinus rhythm with frequent malignant ventricular arrhythmias.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle 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. There is systolic anterior motion (SAM) of the mitral valve seen on 2D imaging; however, the LVOT velocity is normal. There is trivial eccentric mitral regurgitation present secondary to SAM. Trace PI. There is no pericardial effusion noted. No pleural effusion appreciated.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

On Point Animal
Hospital South

REFERRING VET

Dr. Jackson

INVOICE

46285

DATE

12/23/25

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	3.4	NM	0.41	1.1	0.40	48	92
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	1.3	1.2		1.2	1.1	NM

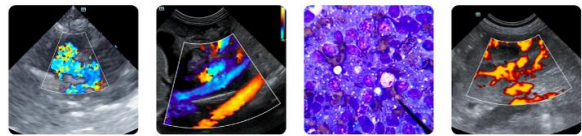
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography, 1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram does show stable findings with no LA dilation and no LV hypertrophy. The LVOT obstruction is minimal, and no additional structural issues are seen.

Of great concern; however, the ECG does show recurrent ventricular arrhythmias with single, couple and rare triplet VPCs throughout. **Given that these findings are in spite of SID atenolol, a dose increase is recommended as below.** It is unclear when and why Lasix was initiated, as the LA remains normal. This is likely unnecessary.

Anesthesia is not advised due to the significance of the arrhythmia.



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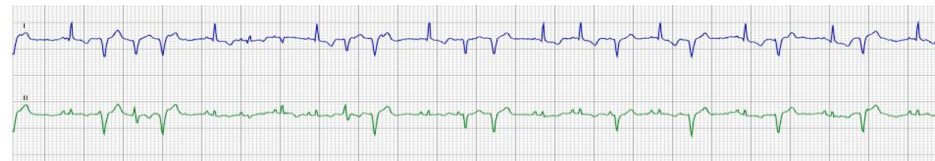
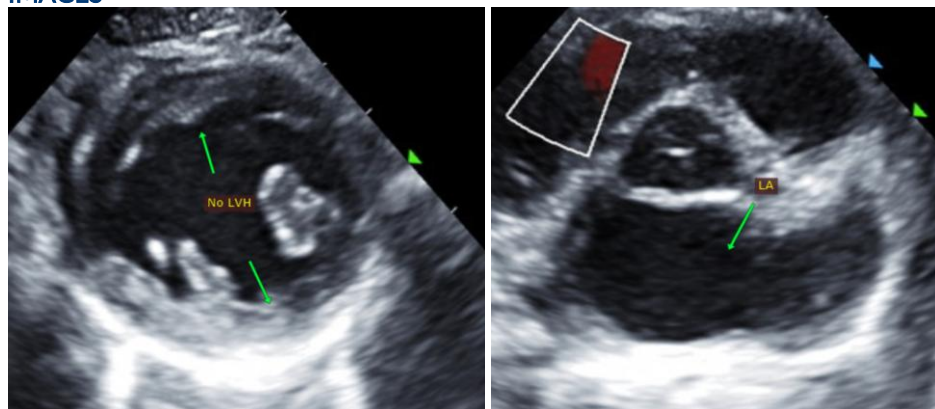
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

Screening BP/T4 q6mo. Increase atenolol to q12h dosing and reassess an ECG in 1-2 weeks. No indication for lasix prior to CHF.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical signs 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