



PATIENT

Matilda Hurley

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

16.7 years

WEIGHT

9.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Dr. Johnson

INVOICE

46049

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: Recheck echo – HOCM 2021 (no prior report available). Grade 4/6 heart murmur. Intermittent gallop rhythm. Doing well. CKD Iris Stage 2, Dental disease. Diet: Renal diet – new. BP: 152, 142, 141, 138mmHg. On Atenolol 25mg ¼ T PO SID.
-Abnormal PE/Chem/CBC/UA Results: CBC Nsf - Chem: SDMA 17, creat 2.4 - T4 1.2 - UA 1.019, pH 7.5, 3+ blood, >100/hpf RBCs, marked rods - Fecal negative.

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	4.1	160	0.41	1.2	0.41	48	83
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	1.4	1.2	1.2		1.1	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

Overtly normal geriatric cardiac structure and function. A significant LVOT obstruction is not appreciated, and the LV wall thickness is normal. The LA is normal and no additional issues are seen. No cause for the murmur is identified in the study, making it likely physiologic in origin (i.e. due to stress and/or tachycardia).

The patient was reported diagnosed with HOCM in 2021, which is not appreciated here. This may suggest improvement on Atenolol and based upon this continuing the medication is reasonable. Prognosis is open.

Anesthetic risk is considered mild. 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.



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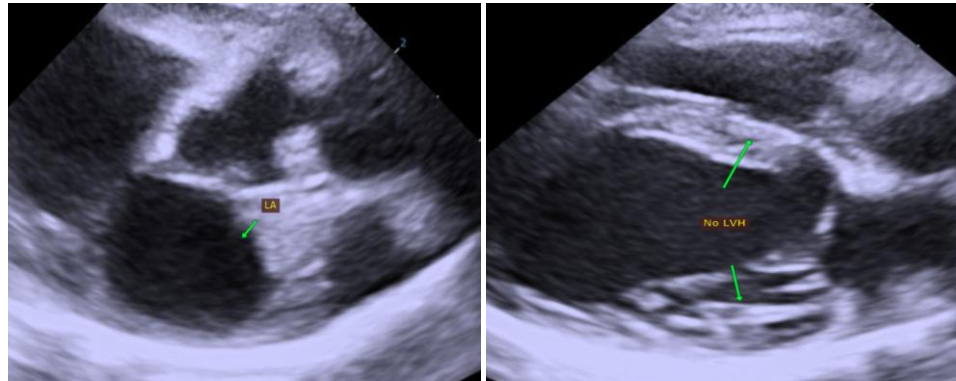
12/5/25

PLAN

Reasonable to continue Atenolol as prescribed, ensuring stressed heart rates are 140-160bpm.
Monitor BP and T4 every 6-12 months.

Recommend recheck echocardiogram in 6-12 months 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.

Maggie Machen Lamy, DVM
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