



PATIENT

Scrooge Basius

SPECIES

Feline

BREED

Himalayan

SEX

Male Neutered

AGE

3 years

WEIGHT

8.1lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Basking Ridge Animal
 Hospital

REFERRING VET

Dr. Rotella

INVOICE

46108

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. BP: 140mmHg. On Atenolol 6.25mg SID.

-Pertinent previous echo findings (4/2025 MML): HOCCM. Mild LVH (0.65cm), LA: 1.4, LA/AO: 1.5

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. The right ventricle is subjectively normal in size and morphology. There is slight left atrial enlargement present. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve is seen on 2D imaging; however, a significant obstruction is not identified on color flow or spectral doppler. Trivial MR. Trace TR. Normal LVOT and RVOT velocity. There is no pericardial effusion noted. No pleural effusion appreciated.

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	3.7	140	0.49	1.2	0.40	58	90
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	1.4	1.3	1.3	1.8	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 evaluation, there is improvement overall, which is good news. Mild LA enlargement is slightly improved, and the LV wall thickness is now normal. The obstruction is minimal, likely due to Atenolol therapy. No additional issues are seen.

Given these findings, reasonable to continue Atenolol going forward. No obvious indication for additional medications.

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

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 (ketamine, glycopyrrolate, atropine).

PLAN

Continue Atenolol as prescribed. Screening blood pressure and T4 are recommended every 6 months.



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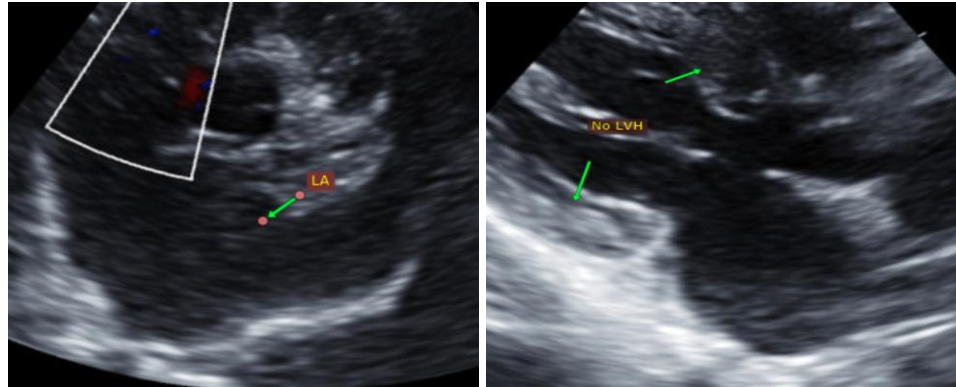
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Recommend recheck echocardiogram in 1 year to assess for progression, sooner if clinical issues arise.

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.

Maggie Machen Lamy, DVM
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