



PATIENT

Delilah Halloran

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17 years

WEIGHT

6.6lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Meghan Morse LVT,
 CVT

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Halloran

INVOICE

46819

DATE

2/12/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Hypertension and hyphemia. Decreased appetite and hyphemia in OD x 3 days. Has not been taking Amlodipine daily so BPs poorly regulated. Intraocular pressure WNL. No current medications.

-Pertinent previous echo findings (2021 MML): NSF. Unknown murmur.

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. Mild LV hypertrophy. 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. Mild MR. No SAM identified. The tricuspid valve appears normal in structure and mobility. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. Prominent aortic root. Mild AI. No PI seen. No effusions. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.0	NM	0.61	1.1	0.59	51	86
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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		0.7	0.6	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Given that the patient reportedly has unregulated systemic hypertension, this is the likely cause. This is supported by aortic insufficiency, which is commonly seen with SHT. Despite this, the LVH is mild and the LA normal suggesting low risk for complication. Obtaining BP control is certainly recommended with consultation with IM if necessary.

No medications are typically indicated prior to significant atrial dilation, as many cats will experience naturally slow progression. It is important to note that no medications have been



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shown to definitively alter long term outcome at this stage, particularly in the absence of SAM. *Regarding the newly available drug Felycin-CA1:* Recent data reports that Felycin-CA1 may improve the degree of LV hypertrophy in some cats with naturally occurring subclinical HCM. The clinical benefit is currently unknown and is still being investigated. The HALT trial is actively enrolling HCM cats all over the US in order to acquire prospective data on a larger sample size of cats. Should you wish to use the medication, the published dose is 0.3mg/kg weekly, and the drug should be avoided in cats with advanced cardiac changes, diabetes, non-healing wounds, active infections or liver disease. The medication is an immunosuppressant and should be used with caution. For further information, please visit www.triviumvet.com.

Long term prognosis is guarded for subclinical HCM, with a great deal of variability in rate of progression. The REVEAL study showed that approximately 7% of asymptomatic cats with HCM will develop CHF or a cardiogenic thrombus within 1 year, 20% within 5 years, and ~30% within 10 years. Close monitoring for progressive LA dilation going forward will help better predict long term outcome.

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

Anesthetic risk is considered mildly elevated; however, judicious fluid administration is advised if needed with careful monitoring to screen for fluid overload. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Avoid ketamine, telazol, acepromazine and Dexdomitor. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

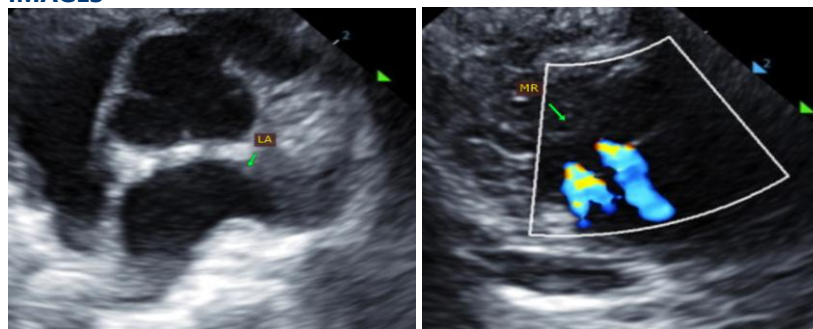
Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

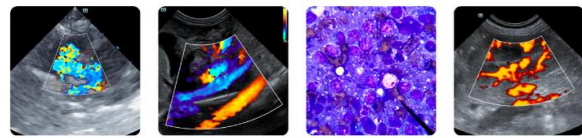
PLAN

Further evaluation and treatment for SHT as discussed.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

IMAGES





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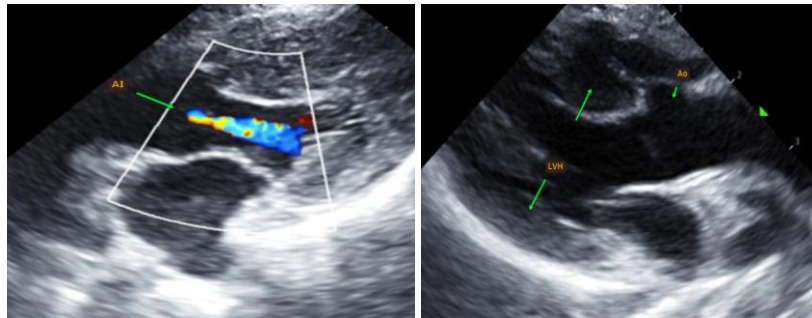
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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