



PATIENT

Knight McIntyre

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8.5 years

WEIGHT

9.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Kinney

INVOICE

46682

DATE

2/3/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur. BP: 176, 179, 181mmHg. On Methimazole 2.5mg PO BID. -Pertinent previous echo findings (3/2025 MML/JT): Focal septal LVH (0.69cm), LVWd (0.57cm), normal LA. Unchanged from previous.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P morphology is positive. The QRS is inverted. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular is mild to moderately hypertrophied. There is a hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The left atrium is moderately enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trivial MR. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. 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		NM	0.69	1.4	0.68	63	93
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	NM	1.7	1.7		1.8	1.5	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

Unfortunately, this study does document evidence of progression. The LV hypertrophy has increased, suggesting HCM is in fact the diagnosis. There is now moderate left atrial enlargement (previously normal), which would suggest risk for complication going forward. No additional issues are identified and the ECG is normal.



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Given these findings, use of Plavix and an ACE-I are now recommended. It is important to note that no medications have been proven to change outcome at this stage of disease however, and if the patient is difficult to medicate simple monitoring may be reasonable. Discussion with the owner is advised.

Unfortunately, there is risk for progression to CHF, malignant arrhythmias, blood clot events and/or sudden death going forward. Monitor for associated clinical signs, including respiratory changes, signs of a blood clot, etc.

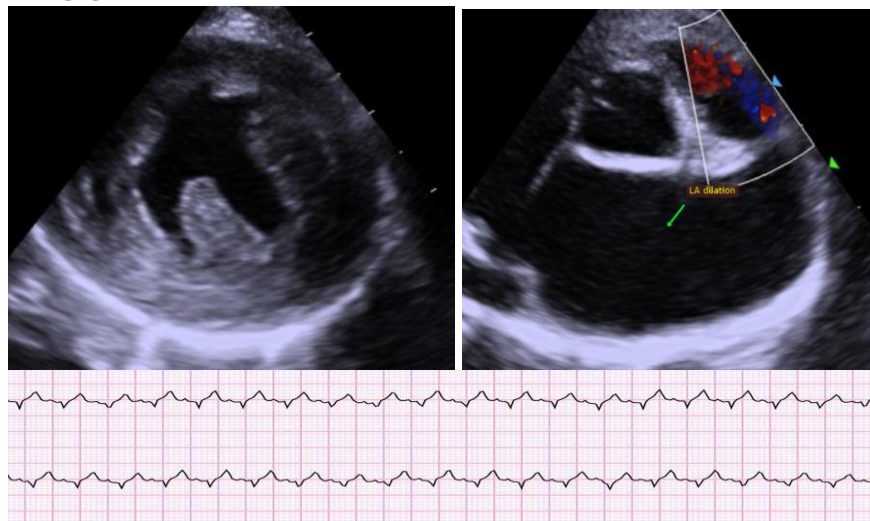
Prognosis is guarded due to the highly variable rates of progression with subclinical HCM.

PLAN

Institute ACE-I 0.5mg/kg PO q12h. Institute Plavix 18.75mg PO q24h (NOTE: Medication is very bitter along the cut edge and may cause foaming at the mouth; wrap in entirety).

Monitoring echocardiogram, BP and thyroid status every 6 months is recommended lifelong 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

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