



PATIENT

Miss Kitty Reynolds

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING

PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Logas

INVOICE

46945

DATE

2/23/26

PRESENTING CLINICAL SIGNS

History: Progressive, grade 5/6 heart murmur (was a grade 3/6 9/18/25). Asymptomatic.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mild to moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. Moderate left atrial dilation; no spontaneous contrast. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity and a dynamic profile. There is mild mitral regurgitation present secondary to SAM. Trace TR. No obvious additional valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. 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	5.4	NM	0.68	1.3	0.71	47	90
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	1.5	1.7	1.7		2.7	1.4	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 diagnosis is hypertrophic obstructive cardiomyopathy (HOCM). This indicates LV hypertrophy (mild to moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is moderate left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event is elevated. No additional pathology is seen.

While no medications have been shown to definitively alter long term outcome at this stage of disease, it is reasonable to initiate atenolol at this time as below in light of a significant LVOTO and LA dilation. Plavix is also reasonable given LA dilation; however, this can be difficult to administer. *Regarding the newly available drug Felycin:* This medication has not been tested in cats with a significant obstruction (i.e. HOCM) and is not recommended in this case.

Prognosis is guarded with LA dilation, with risk for CHF, blood clot events, malignant arrhythmias and/or sudden death. The REVEAL study showed that approximately 7% of asymptomatic cats



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with HOCM will develop CHF or a cardiogenic thrombus within 1 year, 20% within 5 years, and ~30% within 10 years. Given that this case already has significant atrial dilation, there is increased concern for complication going forward.

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

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Anesthetic risk is significantly elevated and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Ideally elective procedures would be avoided, and referral should always be considered.

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Risk for complication with fluid or steroid use typically follows LA dilation, which in this case is significantly elevated. Ideally consider an alternative such as Budesonide as a safer choice. If needed for systemic wellness, however, monitoring of RR/RE is advised particularly in the initiation phase.

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PLAN

Administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached. Consider blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Screening blood pressure and T4 are recommended every 6 months.

IMAGING PERFORMED BY

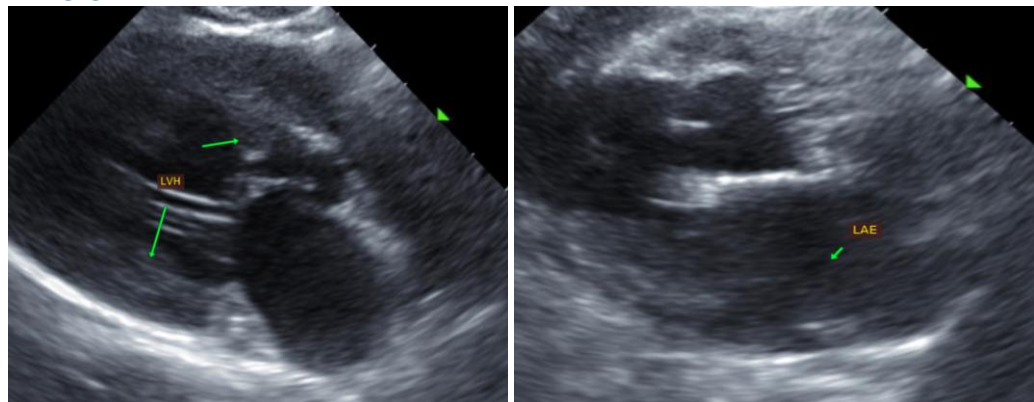
Julia Bakker, DVM

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

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IMAGES



REFERRING VET

Dr. Logas

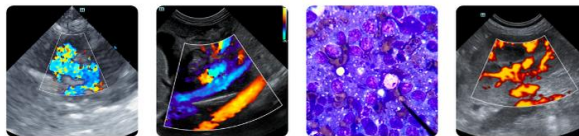
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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