



PATIENT

Sonny McGee

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Simcoe Animal
 Hospital

REFERRING VET

Dr. Kennedy

INVOICE

46986

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 heart murmur. On Atenolol ¼ tab every other day.
 -Pertinent previous echo findings (8/2025 MML): HOCM versus MVD; improved on Atenolol. Mild LVH (0.66/0.68cm), moderate LAE. LA/AO: 1.7.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 150bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
 ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. Moderate left atrial dimension with a horizontal component; no spontaneous contrast. No right atrial enlargement present. The mitral valve leaflets appear mildly thickened and elongated. Mild systolic anterior motion (SAM) of the mitral valve present, with a borderline elevated LVOT velocity. No MR. No 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	5.9	90	0.64	1.4	0.61	41	75
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	1.3	1.7	1.5	1.6	1.4	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

Persistently stable findings. Mild LV hypertrophy is unchanged, and the LA remains mildly dilated. No additional issues are identified. The ECG is unremarkable with a normal sinus rhythm.



PATIENT

Sonny McGee

Given these findings, continue Atenolol recommended going forward with daily dosing as below. Prognosis is guarded with any degree of LA dilation, although there is great variability in rates of progression with subclinical feline cardiomyopathy.

SPECIES

Feline

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

BREED

DSH

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 (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

SEX

Male Neutered

Risk for complication with 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.

AGE

3 years

WEIGHT

13lbs

PLAN

Continue Atenolol at SID dosing.

Screening blood pressure and T4 are recommended every 6 months.

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Simcoe Animal
 Hospital

REFERRING VET

Dr. Kennedy

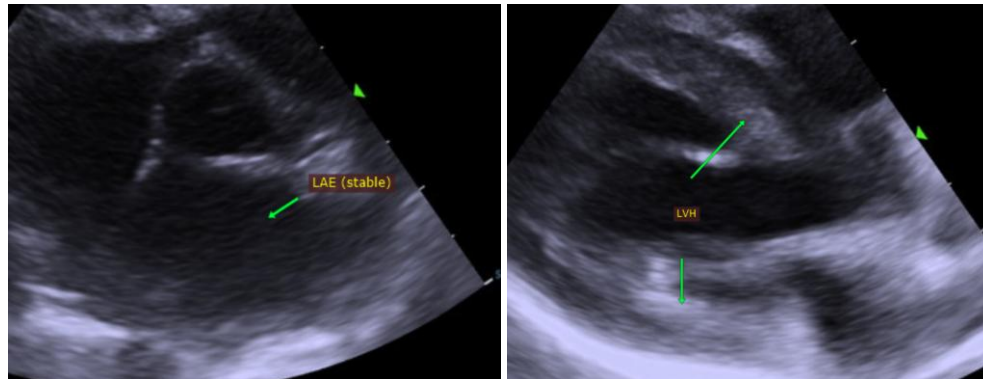
INVOICE

46986

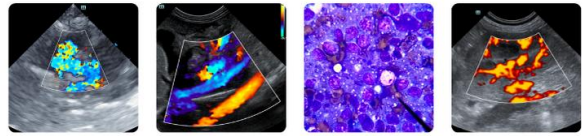
DATE

2/25/26

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.



PATIENT

Sonny McGee

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.

SPECIES

Feline

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

BREED

DSH

SEX

Male Neutered

AGE

3 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Kelly Reschny, RVT

HOSPITAL NAME

Simcoe Animal
Hospital

REFERRING VET

Dr. Kennedy

INVOICE

46986

DATE

2/25/26