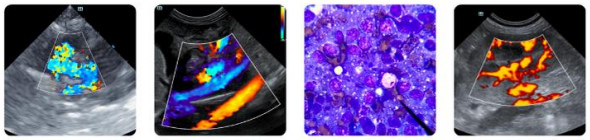



**PATIENT**

Reese Dean

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

7 years

**WEIGHT**

7.3lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Ryan Leal, DVM

**HOSPITAL NAME**

Wellesley Animal Hospital

**REFERRING VET**

Dr. Dean

**INVOICE**

46671

**DATE**

2/3/26

## PRESENTING CLINICAL SIGNS

History: Recheck echo. Assess prior to dental.
-Abnormal PE/Chem/CBC/UA Results: PE: BCS 5/9, nice girl, moderate dental disease, tense abdomen CBC: HCT 56%, remainder WNL Chem: K 3.5 (L), remainder WNL (Creat 1.4) UA: USG 1.050; remainder NSF T4: 2.7 HWT. Elevated BNP: 593 (H). BP: Left hind limb #2 cuff: 120, 120, 88, 92, 98, 110, 110, 90, 100 (doppler).
-Pertinent previous echo findings (2/2025 MML): HOCM versus MVD. Focal sepal hypertrophy (0.63cm). Mild LVOTO. No LAE. No medications. Unchanged from previous.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is asymmetric with mild septal hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. The mitral valve is mildly thickened and elongated consistent with dysplasia. Mild systolic anterior motion (SAM) of the mitral valve present, with an elevated dynamic LVOT velocity. There is mild eccentric mitral regurgitation present secondary to SAM. No other significant 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) (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** | 3.3 | NM | 0.62 | 1.1 | 0.45 | 47 | 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** | NM | 1.4 | 1.2 | | >1.2 | 1.0 | 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 prior study, findings are similar, which is good news given the time frame. The LV hypertrophy remains focal and mild, and the LA dimension is unchanged. The LVOT obstruction with secondary MR. No additional issues are seen.

Given these findings, no medications are clearly indicated. Serial monitoring is recommended.

**PATIENT**

Reese Dean

**SPECIES**

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

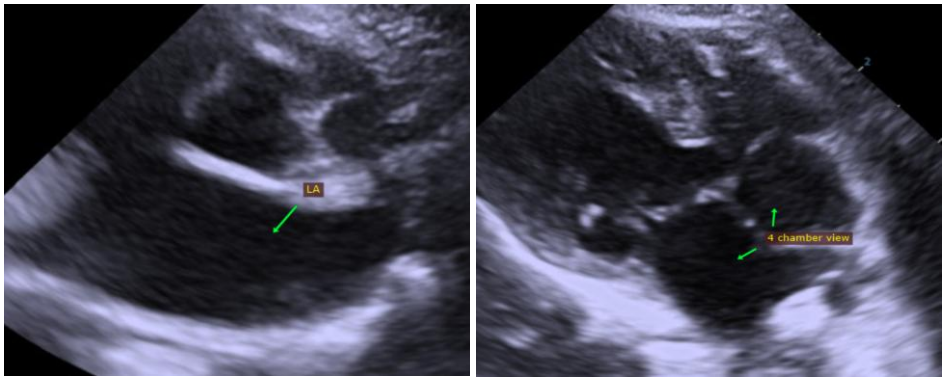
No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

## PLAN

Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram annually, sooner if clinical signs 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**
**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**
info@sonopath.com