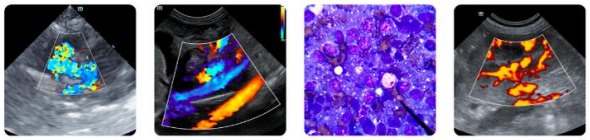

PATIENT

Sven Thomas

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amy Alivernini, VMD

HOSPITAL NAME

Gilbertsville Veterinary Hospital

REFERRING VET

Dr. Amy Alivernini

INVOICE

46694

DATE

2/4/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Elevated BNP. Asymptomatic. T4: WNL (1.8). BP: 133mmHg. Sedated Torb, Midazolam and Gabapentin.
-Pertinent previous echo findings (8/2025 MML): HCM mild. Unknown murmur. LV: 0.65/0.63, LA: 1.2.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. No significant AI or PI. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors. VPCs are noted.

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	6.8	140	0.68	1.3	0.62	49	84
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	1.2	1.1		0.6	0.5	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

Hypertrophic cardiomyopathy (HCM) persists, similar to the previous study. The LA remains normal and the wall thickness unchanged. No additional structural issues are seen. VPCs are noted throughout the study, and a screening ECG is recommended.

Given these findings, no medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

Prognosis is guarded, given the highly variable rates of progression with subclinical feline cardiomyopathy. Many cats will remain asymptomatic for a period of years, while others progress

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to clinical compromise sooner. Close monitoring for progressive LA dilation in the future will help determine 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).

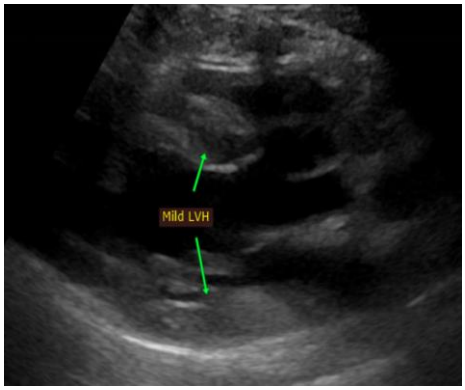
Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

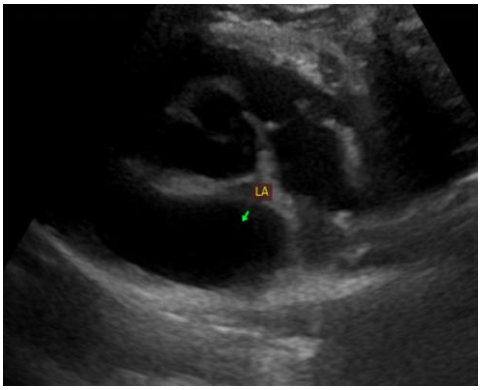
PLAN

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues 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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