



**PATIENT**

Tegan Sullivan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

4.4.2009

**WEIGHT**

10.6lbs

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade II/VI systolic murmur. HR: 160bpm.  
 -Pertinent abnormal PE/Chem/CBC/UA Results (1/3/2021): CBC WNL. CHM BUN 18, Creat 1.5, Chol 245 (mildly increased), TT4 1.6, UA pending.  
 -Current medications: Atenolol 25mg 1/4 PO SID.  
 -Blood pressure: 100mmHg.  
 -Sedation used: Not required to complete full diagnostic ultrasound.  
 -Pertinent previous ultrasound results (04/01/21 MML): IVSd: 0.62, LVWd: 0.74, mild SAM, trace, normal LA: 1.0  
 -STAT: Not requested.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild septal hypertrophy and moderate posterior wall hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild 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. Mild systolic anterior motion (SAM) of the mitral valve present, with an elevated dynamic LVOT velocity. There is trace mitral regurgitation present secondary to SAM. The aortic root appears dilated with a small aortic insufficiency. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Stephanie Pearce,  
RDCS, RVT

**HOSPITAL NAME**

Docside Veterinary  
Medical Center

**REFERRING VET**

Dr. Tierney

**INVOICE**

22404

**DATE**

2.7.22

**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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.8	160	0.68	1.1	0.71	58	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	1.2	1.3		1.4	1.1	NM

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

Largely unchanged HOCM is identified in this study. The LV pathology is similar to previous without evidence of progression. The LVOT velocity is improved without a severe obstruction. The LA remains normal indicating low risk for complication. Finally, the aortic root is unchanged with a small aortic leak despite normal systemic pressures.

Given a lack of progression, it is reasonable to postpone initiation of Atenolol at this time.

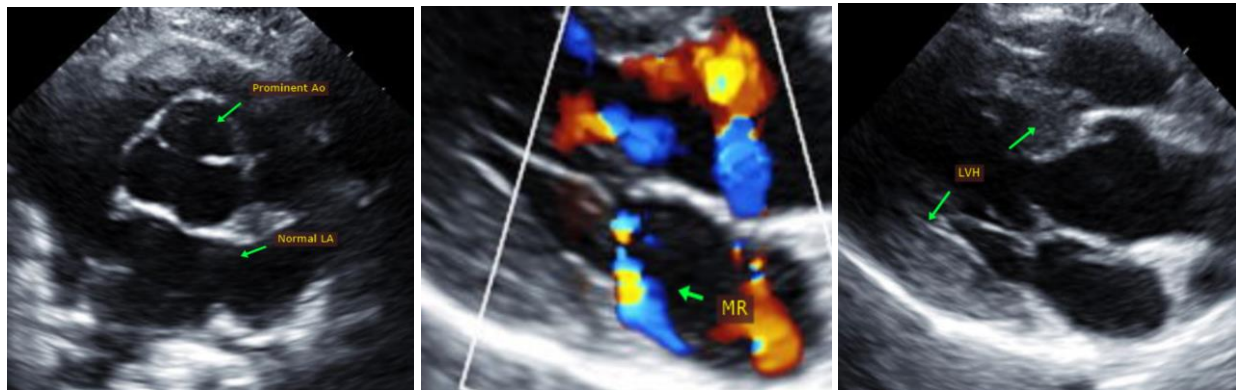
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

### PLAN

Screening BP and T4 every 6 months.

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

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