



PATIENT

Larold Bonin

SPECIES

Feline

BREED

Sphynx

SEX

Male Intact

AGE

2 years

WEIGHT

15.9lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

The Cat Clinic Niagara

REFERRING VET

Dr. Aziz

INVOICE

47217

DATE

3/11/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Since the diet change, has had inconsistent, soft stools.

-Current medications: Atenolol SID in the evening. Started Sulcrate BID and Metronidazole BID 2/25/26.

-Pertinent previous echo findings (8/2025 MML): Mild to moderate LVH (0.70/0.67cm), slight LAE (LA/AO: 1.5), RVOT/LVOT. MV dysplasia versus HOCM.

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. There is no left atrial enlargement present. No right atrial enlargement present. Abnormal anterior motion of the mitral valve is noted on multimodal imaging with a dynamic profile. The anterior leaflet of the MV is mildly elongated, consistent with dysplasia. Mild mitral regurgitation present. Normal RVOT velocity. There is no pericardial effusion noted. No pleural effusion appreciated.

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	7.2	130	0.62	1.5	0.61	51	85
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	1.2	1.2	1.2		2.5	1.2	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

Compared to the prior study, there is evidence of mild improvement. The LV hypertrophy has developed, although remains mildly abnormal. The LA is normal despite the LVOT obstruction persisting. No additional issues are seen.

Given these findings, continue Atenolol as prescribed. Prognosis is guarded long-term.

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



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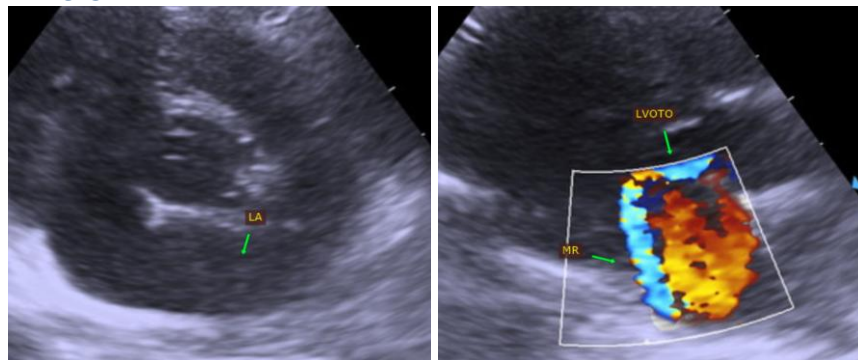
Anesthetic risk is considered mildly elevated, and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

PLAN

Continue Atenolol as previously prescribed.

Recommend recheck echocardiogram in 1 year, 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.

Maggie Machen Lamy, DVM
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