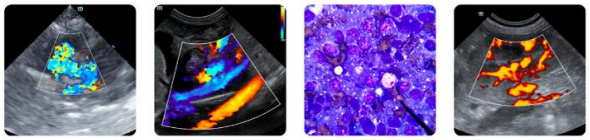

PATIENT

Oreo Camara

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

16.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound Services

REFERRING VET

Dr. Solis

INVOICE

47218

DATE

3/12/26

PRESENTING CLINICAL SIGNS

History: Presented for anorexia and not drinking much water. Grade 3/6 heart murmur.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Slight cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is mild to moderate left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present. The aortic outflow is elevated with a dynamic profile. There is mild eccentric mitral regurgitation present secondary to SAM. There is scant 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	7.6	220	0.68	1.4	0.65	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	1.6	1.6		2.8	1.4	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

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates LV hypertrophy (mild in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is mild to moderate left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event, while currently low, may be elevated in the future. A screening BP and T4 are recommended every 6 months, as both can exacerbate disease.

Of some concern, scant pericardial effusion is noted which is of unknown origin. This patient is reportedly not doing well at home with nonspecific clinical signs. Two broad possibilities could be argued for the effusion. First would be that this is an unexpected/atypical presentation of

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CHF. An alternative would be that the patient has underlying subclinical heart disease and a separate systemic issue. If no cause for the effusion is seen on AUS and systemic workup, a Lasix trial may be warranted.

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. Given the degree of hypertrophy and mild LA dilation, recommend initiate at this time as below. Until systemic issues, I would not utilize this medication.

Anesthesia is not advised at this time.

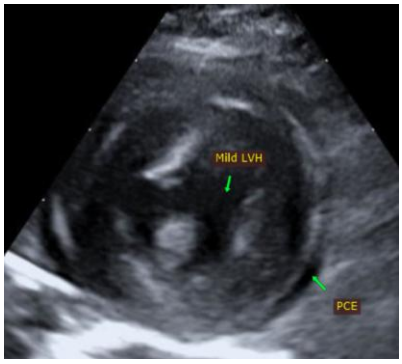
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

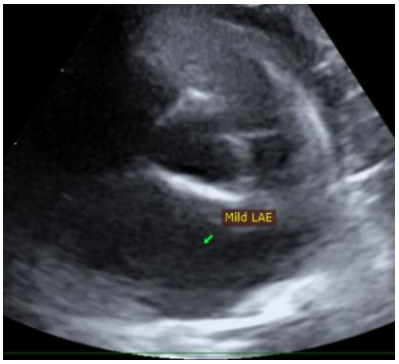
PLAN

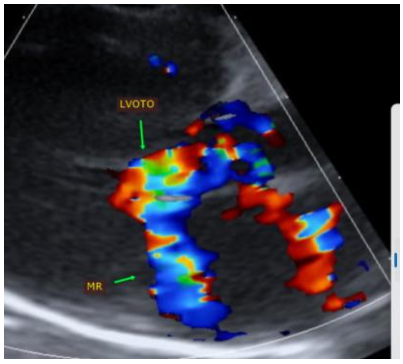
Screening BP/T4. Full systemic work up is recommended. If an alternative explanation for effusion is not found, consider a Lasix trial 1-2mg/kg PO q12h and assess for improvement. If the patient improves, continue long-term with careful monitoring of renal values and BP.

Recommend recheck echocardiogram in 6 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.

Maggie Machen Lamy, DVM
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