



PATIENT

Benz Pucci

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10.5 years

WEIGHT

~11lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Dog & Cat Clinic
 Niagara

REFERRING VET

Dr. Aziz

INVOICE

47056

DATE

3/2/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Atenolol was not instituted.

-Pertinent previous echo findings (6/2025 MML): HOCM mild, no LAE. LV: 0.65, LA: 1.2.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. 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. No systolic anterior motion (SAM) of the mitral valve is visualized. The LVOT velocity is normal. No MR. 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) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LVWd (cm) <small>(Moise, Pipers)</small> | FS (%) | EF (%) |
|---------------------------|--------------------------------|---|--|--|---|-------------------------------|--------|
| NORMAL PARAMETER | ----- | 150-240 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 5.0 | NM | 0.60 | 1.36 | 0.60 | 52 | 86 |
| FELINE CARDIAC PARAMETERS | LA/AO <small>(Boon)</small> | LA/AO HEART BASE (Swe) <small>(Abbott)</small> | LA 2D short axis Base view (cm) <small>(Abbott)</small> | LVOT VEL <small>(m/s)</small> | RVOT VEL <small>(m/s)</small> | E max <small>(m/s)</small> | |
| NORMAL | <1.5 | <1.3 | <1.2 | <1.6 | <1.3 | <0.9 | |
| PATIENT | NM | 1.1 | 1.2 | 0.7 | 0.7 | 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 the prior study, there is evidence of stability. The LV wall thickness remains slightly increased; however, the obstruction is less apparent. No LA enlargement is seen and the remainder of the study is unremarkable.

Given these findings, simple monitoring seems reasonable without use of atenolol. No additional medications are necessary.

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



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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).

SPECIES

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PLAN

Screening blood pressure and T4 are recommended every 6 months.

BREED

DSH

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

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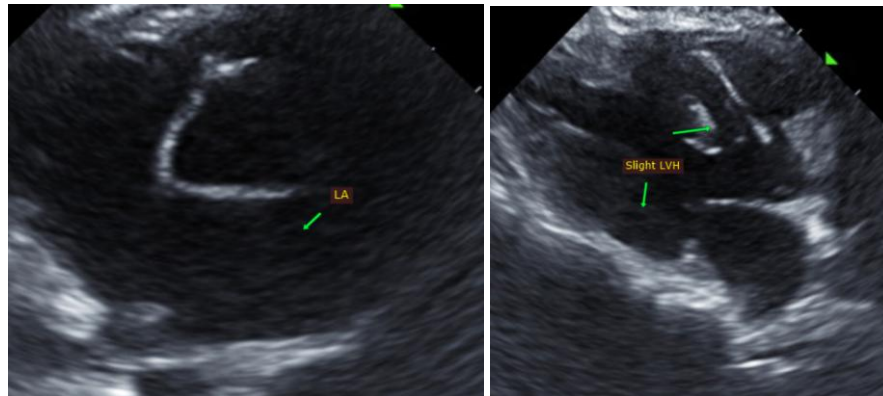
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IMAGES



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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.

IMAGING PERFORMED BY

Crystal Hill, RVT

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.

HOSPITAL NAME

Dog & Cat Clinic
Niagara

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