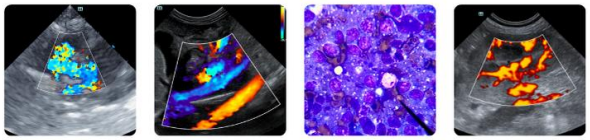

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PATIENT

George Svoboda

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

11.5 years

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay Veterinary Clinic

REFERRING VET

Dr. Wheeler

INVOICE

47049

DATE

3/2/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur. Assess prior to dental. Ureteroliths. CKD. Hypertension.
-Current medications: Amlodipine 0.625mg SID, 50ml LRS SQ SID. BP: 210, 220mmHg.
-Abnormal lab results (1/4/25): Urine culture neg 10/16/25: CBC: RBC 4.55, Hct 22.2, Hgb 7.4, eos 1.671Chem: SDMA 24, creat 4.7, BUN 89, cystatin B 154proBNP 172UPC 0.7UA: 1.011, 1+ protein, 3+ blood, RCB 2-5T4 2.0Urine culture: e.coli
-Pertinent previous echo findings (4/2025 MML): HCM mild. LV: 0.62cm, LA: 1.3. RVOT murmur. APCs noted at that time.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is attached throughout the study. The majority of the evaluation shows a normal sinus rhythm. Rare APCs are identified. No VPCs, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with isolated APCs.

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 no left atrial enlargement present. No right atrial enlargement present. Mildly elevated RVOT velocity with a dynamic profile. There is no systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. Trace mitral regurgitation present. No TR. No other obvious valvular regurgitation is present. 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	4.3	NM	0.65	1.36	0.65	57	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	1.3	1.4	1.3	1.4	2.2	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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior evaluation, findings are similar. The LV hypertrophy is mild and unchanged and the LA remains normal. The murmur remains benign in origin, which is good news due to an RVOT obstruction. Finally, isolated APCs do persist as have been documented previously. They are relatively infrequent in nature and presumably due to stress.

The reported BP is persistently elevated, which was noted previously. If these readings are thought to be accurate and this was on Amlodipine therapy, a dose increase or potentially additional vasodilator therapy may be warranted. Consultation with IM should be considered.

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 long term, given the highly variable rates of progression with subclinical cardiomyopathy.

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

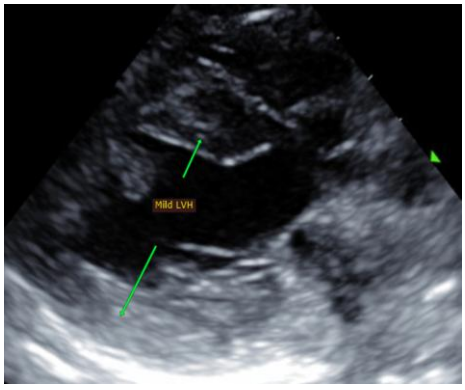
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). An ECG should certainly be monitored throughout the study with intervention only necessary if sustained arrythmias are documented. Risk for complication with steroid 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.

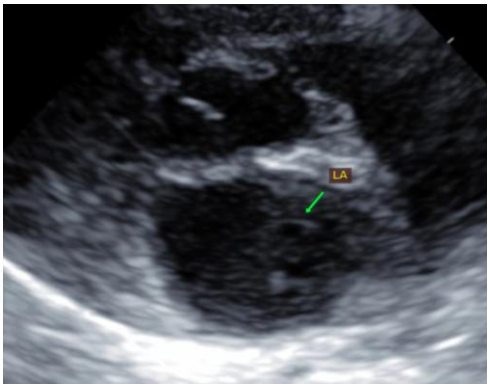
PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong. Further workup/treatment for SHT if indicated.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

IMAGES





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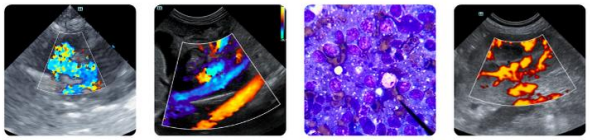

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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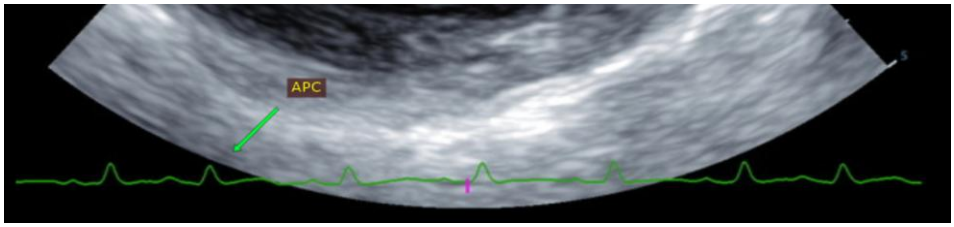

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com