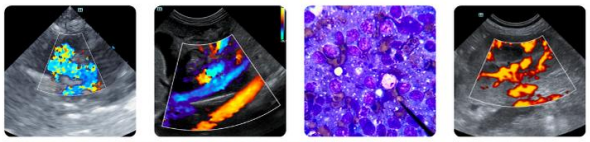

PATIENT

Ra Cox

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Husted

INVOICE

47302

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. On Felycin-CA1 (sirolimus delayed-release tablets) 1.2mg (1 tab) once a week and Bravecto Plus topical.
-Pertinent previous echo findings (10/2025 AI): HCM. IVSd: 0.80, LVWd: 0.80. Mild MR, turbulent LVOT, remainder NSF.

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. Moderate papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion (SAM) of the mitral valve is seen on 2D and color imaging; not captured on spectral doppler. There is mild eccentric mitral regurgitation present secondary to SAM. No other significant valvular regurgitation is present. 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) (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	5.4	NM	0.69	1.2	0.67	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	1.5	1.3	1.3		0.9	0.9	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 (HOCM). This indicates LV thickening (mild in this case) with a dynamic LVOT obstruction (SAM) and secondary mitral regurgitation as the cause of the heart murmur. The hypertrophy is significant and the obstruction likely mild, although not adequately assessed. There is no left atrial enlargement present, indicating the risk of spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified. Compared to the prior report, findings are similar, although the obstruction was not discussed at length. The wall thickness has decreased; however, interobserver variability is suspected.

While no medications have been shown to definitively alter long term outcome at this stage of disease, Atenolol is often initiated. Until the obstruction is quantified, I would not institute this

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medication in this case. Use of Felycin in a cat with an obstruction is controversial and has not been studied. Survival data for this medication has also not been released, making it of unknown benefit. Given that the patient is apparently tolerant of the medication thus far, it may be reasonable to continue going forward; however, consultation with the manufacturer and/or HALT study group may be warranted.

Long term prognosis is guarded for subclinical HOCM, with a great deal of variability in rate of progression. The REVEAL study showed that approximately 7% of asymptomatic cats with HOCM will develop CHF or a cardiogenic thrombus within 1 year, 20% within 5 years, and ~30% within 10 years. Close monitoring for progressive LA dilation going forward will help better predict long term outcome.

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

Anesthetic risk is considered mild; however, judicious fluid administration is advised if needed with careful monitoring to screen for fluid overload. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Avoid ketamine, telazol, acepromazine and Dexdomitor. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

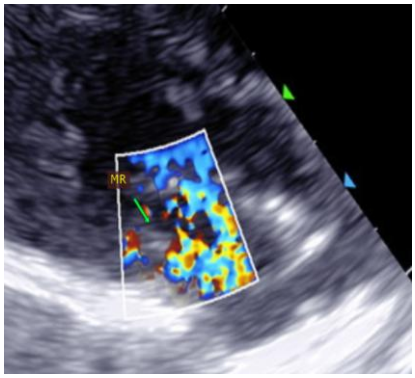
Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is low. That said, any cat can experience acute intolerance and monitoring for this phenomenon is always advised (a change in RR/RE, particularly during the initiation phase).

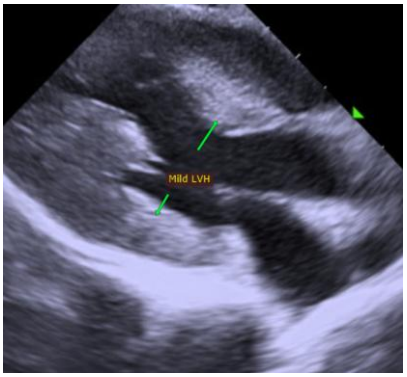
PLAN

Screening blood pressure and T4 are recommended every 6 months. Consider continue versus discontinue Felycin as discussed, given that the medication has not been studied in patients with an outflow tract obstruction.

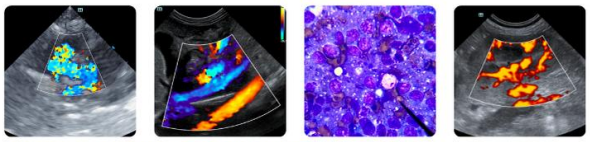
Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

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



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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