



**DATE CLINICAL BACKGROUND & STUDY DETAILS**

3.30.26

**PATIENT**

Majesty Weir

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11.11.17

**WEIGHT**

10.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Northwind AH

**REFERRING VET**

Dr. Miller

**INVOICE**

47365

**History:** Recheck echo. Previously diagnosed with HCM + hyperthyroidism.

**Pertinent abnormal PE/Chem/CBC/UA Results (7/09/25):** CBC/chem NSF. T4 5.6. 12/18/25 - T4 0.8

**Current medications:** Methimazole transdermal 5mg BID, atenolol 6.25mg SID

**Sedation used:** Not required to complete full diagnostic ultrasound.

**Pertinent previous ultrasound results (11/30/23 MML):** HOCM mild. Mild LAE: 1.4. LV: 0.66cm globally, severe LVOTO. Atenolol recommended.

**STAT:** Not requested.

**Imaging performed by:** Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is mildly increased with regions of irregularity. 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 left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present, with a moderately elevated LVOT velocity (dynamic profile). There is moderate eccentric mitral regurgitation present secondary to SAM. 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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	4.9		0.62	1.2	0.62	42	77
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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	1.4	1.4		2.5	1.3	NM

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**

HOCM persists similar to previous, which is good news. The LV thickness is unchanged with only slight LA dilation. No additional issues have developed.

Given these findings, continue Atenolol as prescribed. Prognosis is guarded going forward,

Anesthetic risk is considered mild, 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. 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.

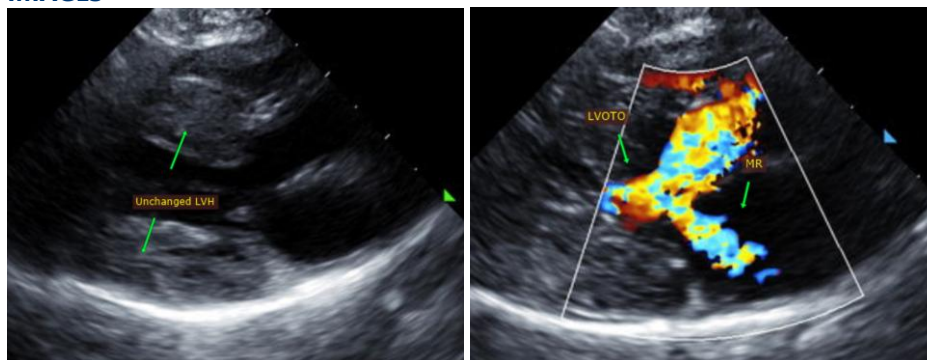
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

#### **PLAN**

Screening BP/T4 every 6 months. Continue atenolol as prescribed.

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 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.

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