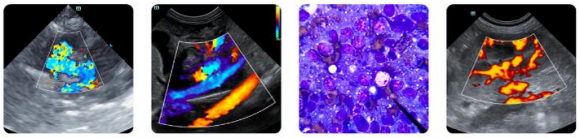


SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 298.808.2608

PATIENT

Oliver Hinchcliffe

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

17 years

WEIGHT

20.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

The Cat Clinic Hamilton

REFERRING VET

Dr. Junaid

INVOICE

47118

DATE

3/5/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Grade 3/6 heart murmur. On Atenolol 6.25mg SID.
-Pertinent previous echo findings (9/2024 MML): HOCM. Mild LAE. LV: 0.61/0.63, LA: 1.4.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately 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 left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity (dynamic profile). There is trace 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 (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	9.3	126	0.73	1.3	0.75	45	88
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	1.2	1.4	1.4		2.0	1.2	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar with evidence of mild progression in LV dimensions. The LVOTO appears well controlled on Atenolol and this is likely nature progression. The LA is only slightly enlarged and the risk for complication is low. No additional issues are seen.

Given these findings, continued Atenolol going forward. Prognosis is guarded long term; however, stability is always a good sign.

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 (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A

PATIENT

Oliver Hinchcliffe

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

17 years

WEIGHT

20.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

The Cat Clinic Hamilton

REFERRING VET

Dr. Junaid

INVOICE

47118

DATE

3/5/26

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.

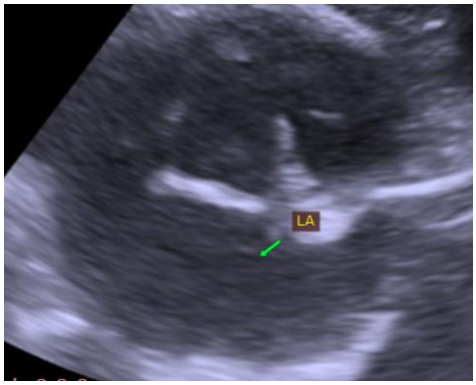
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

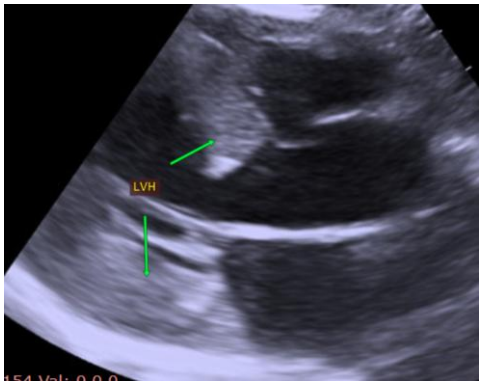
PLAN

Screening BP/T4. Administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.

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