



**PATIENT**

Maisy Connolly

**PRESENTING CLINICAL SIGNS**

History: Recheck echo – no previous report provided. Grade 2/6 heart murmur. BP 115mmHg.  
-Current medications: Clopidogrel.  
-Abnormal PE/Chem/CBC/UA Results: CBC WNL, Biochem WNL - SDMA 10, creatinine 141, well concentrated urine 1.046 and quiet sediment. ProBNP improved (was 279n now 180) T4 is stable.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

9 years

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is minimally increased with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is borderline left atrial enlargement present. No right atrial enlargement present. Normal LVOT velocity. Trace TR. Mildly elevated RVOT velocity with a dynamic profile. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**CARDIAC CHART**

**WEIGHT**

14lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

The Cat Clinic  
Hamilton

**REFERRING VET**

Dr. Hall

**INVOICE**

30156

**DATE**

4/10/23

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	6.4	216	0.61	1.0	0.60	49	83
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	NM	1.45	1.35		1.3	1.8	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**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. In this euthyroid cat, a baseline BP is recommended. Regardless, the degree of disease is mild, with only mild LVH and minimal LA dilation. This would indicate the risk for clinical issues is low at this time. The murmur is benign in origin due to a dynamic RVOT obstruction, which is secondary to tachycardia. No additional issues are identified.

No medications are indicated and there is no obvious need for Plavix therapy prior to significant atrial enlargement and this can be safely discontinued. 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.



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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). 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.

**SPECIES**

Feline

**BREED**

DSH

**PLAN**

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

**SEX**

Female Spayed

A recheck echocardiogram is recommended in 1 year to assess for progression, sooner if any issues arise in the interim.

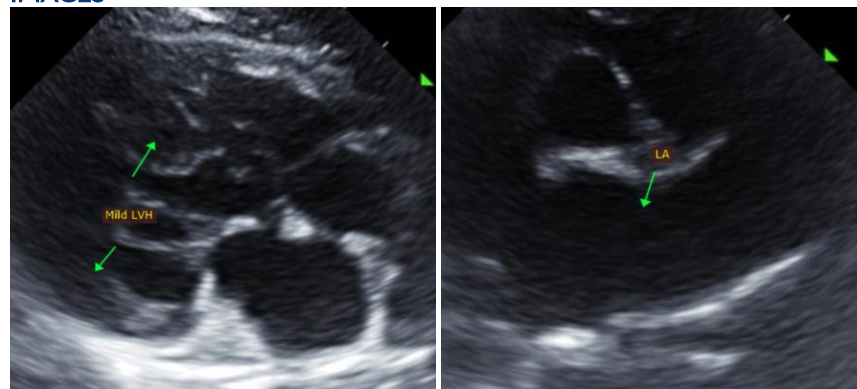
**AGE**

9 years

**WEIGHT**

14lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

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**

The Cat Clinic  
Hamilton

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