



PATIENT

Mister Hedwig Mackay

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14.7 years

WEIGHT

8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Greg Kuhlman, DVM

HOSPITAL NAME

Red River Animal
Emergency Hospital &
Referral Center

REFERRING VET

Dr. Kuhlman

INVOICE

47592

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. IRIS Stage 3 CKD since 7/24/25. History of nausea and inappetence; on Cerenia and Elura as needed. On Cerenia 4 mg SID, Atenolol 6.25 mg SID, Elura 20 mg PRN, Renal K Potassium Supplement 2mEq BID, and Gabapentin for appointments. Sedated with Torb.

-Abnormal PE/Chem/CBC/UA Results: Grade III/VI heart murmur. CBC WNL. Chem: 48 mg/dL, Chol 250 mg/dL. UA: SpG 1.014, pH 6.5 otherwise WNL. Doppler Blood Pressure 138mmHg.

-Pertinent previous echo findings (10/2025 MML): Mild HCM (0.65/0.62cm), no LAE. Suspect mild SAM.

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. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. The LVOT velocity is not assessed; however, the obstruction appears mild on 2D/color flow imaging. Mild systolic anterior motion (SAM) of the mitral valve present. Trace MR secondary to SAM. There is no pericardial or pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.7	NM	0.65	1.0	0.64	48	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.2	1.1		NM	1.0	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistently stable findings. LV hypertrophy persists without progression. The LA is normal and the outflow tract obstruction appears minimal.

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

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



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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 (ketamine, glycopyrrolate, atropine).

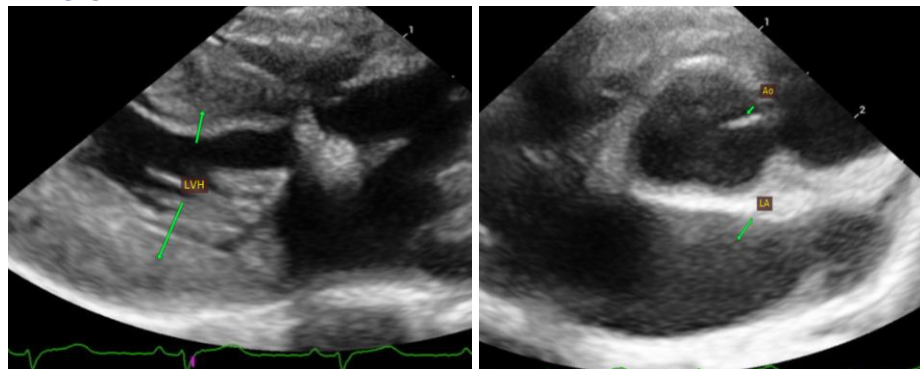
PLAN

Continue Atenolol as prescribed.

Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram annually, 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)

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