

PATIENT

Pierogi Whitfull

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5.8 years

WEIGHT

11.06lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Joanne Goodman,
DVM

HOSPITAL NAME

Evendale-Blue Ash
Pet Hospital

REFERRING VET

Dr. Goodman

INVOICE

47610

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Presented for UTI 1/14/25 and grade 1/6 murmur heard as well. Elevated BNP: 206. Seen at Care Center on 2/21/25 and diagnosed with Hypertrophic cardiomyopathy - mild; normal left atrial size; No cardiac meds indicated. Diagnosed with asthma 3/3/25 after coughing noted, started on fluticasone inhaler once daily. Presented 7/3/25 for open mouth breathing and coughing and was prescribed steroid for asthma since x-ray did not show concern for heart. Continued open mouth breathing and abdominal effort so he was taken to Care Center. He spent the night in an oxygen tank and received albuterol for an asthma flare. Symptoms resolved after continuing steroid and did well on continued fluticasone inhaler use and occasional albuterol/ 3/26/26 Presented for increased coughing at home since the weather warmed. CXR were normal so he was started on a steroid for his asthma. He is currently on 2.5mg of Prednisolone every other day. No respiratory effort noted and coughing has improved. Assess prior to dental.
-Pertinent previous echo findings (2/2025 AR): Mild LVH, no LAE – measurements not provided.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

Unlabeled single lead ECG is available; 25mm/s is assumed, 20mm/mV. The average heart rate is 200bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. 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	5.0	NM	0.64	1.0	0.63	47	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	NM	1.5	1.4		0.9	0.7	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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be considered as contributing factors. Regardless, the LV walls are only mildly increased, and clinical relevance of this finding is unknown. Mild left atrial enlargement is also noted, suggesting the risk for complication is low. No additional issues are seen and the ECG appears normal.

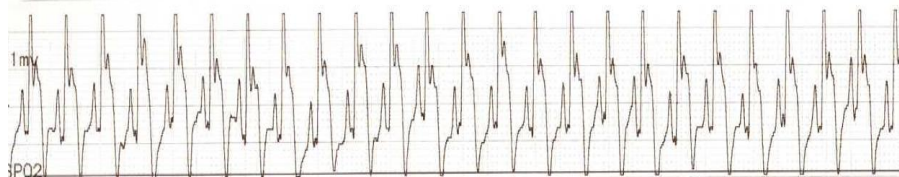
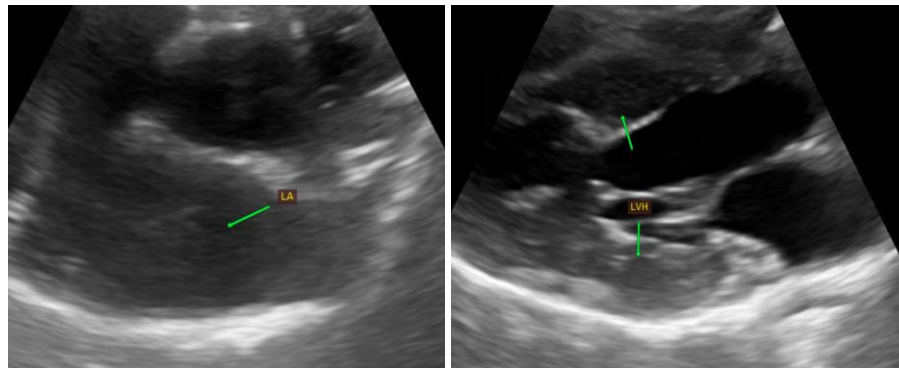
No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM. Prognosis is guarded prior to assessing for progression.

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.**

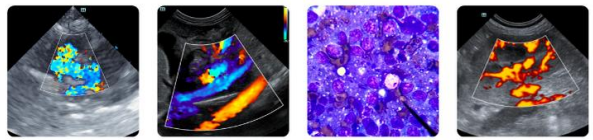
A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com