



## PATIENT

Hooch Simon

## SPECIES

Feline

## BREED

Siamese Mix

## SEX

Female Spayed

## AGE

12 years

## WEIGHT

8.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Alastair Westcott,  
DVM

## HOSPITAL NAME

Dr. Alastair Westcott

## REFERRING VET

Dr. Westcott

## INVOICE

23861

## DATE

4/25/22

## PRESENTING CLINICAL SIGNS

History: Initially presented because she fell off a surface (she never does this). Also, a mildly reduced appetite. Mildly poor condition, severe dental disease. Grade III/VI systolic murmur with a gallop at the time of initial auscultation. Mid-abdominal mass palpated with significant ascites.

-Abnormal PE/Chem/CBC/UA Results: Elevated BUN/CREAT with borderline USG.

## 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 is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Significant systolic anterior motion (SAM) of the mitral valve present, with an elevated dynamic LVOT velocity. There is mild eccentric mitral regurgitation present secondary to SAM. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No 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>	LWVd (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	3.81	NM	0.65	1.0	0.65	58	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	1.3	1.1		3.6	0.82	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

The diagnosis is hypertrophic obstructive cardiomyopathy (HOCM). This indicates LV thickening (mild in this case) with a dynamic LVOT obstruction (SAM) and secondary mitral regurgitation as the cause of the heart murmur. The hypertrophy and obstruction are both mild. There is no left atrial enlargement present, indicating the risk of spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified.

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. Given only mild changes seen here and no left atrial enlargement, it is reasonable to simply monitor at this time. This is considered in light of the full clinical picture as these structural changes are likely less impactful to the patient long-term than the abdominal disease. Discussion with the owner is advised.



**PATIENT**

Hooch Simon

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

**SPECIES**

Feline

**PLAN**

Screening blood pressure and T4 are recommended every 6 months.

**BREED**

Siamese Mix

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

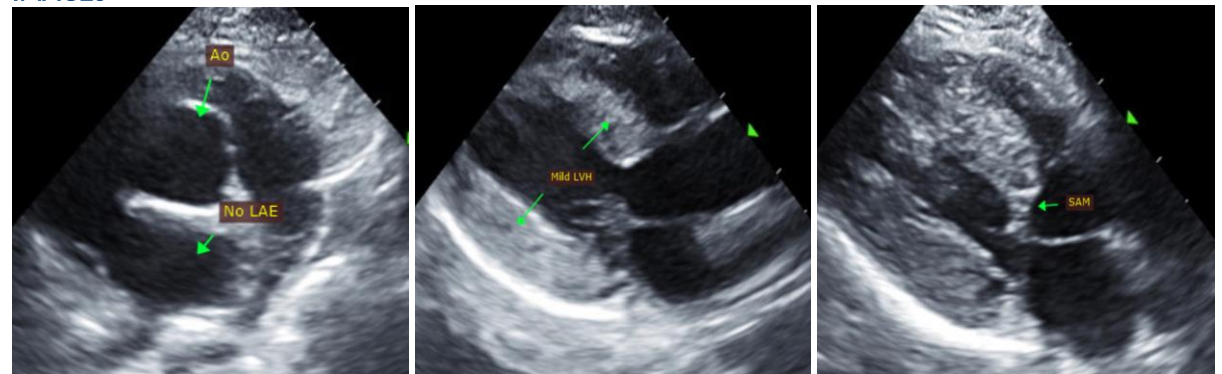
**SEX**

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**IMAGES**

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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**

Alastair Westcott,  
DVM

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**  
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info@sonopath.com

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