



PATIENT

Jessie Sinclair

SPECIES

Feline

BREED

Pixiebob

SEX

Female Spayed

AGE

7.7 years

WEIGHT

13.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Four Paws AC

REFERRING VET

Dr. Lester

INVOICE

47516

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. No murmur. Asymptomatic. Sibling had an ATE. Labs: WNL; heartworm negative. BP (10/2025): 132/88 MAP 107 HR- 195, 145/96 MAP 113 HR- 197, 141/79 MAP 105 HR- 187, 137/83 MAP 113 HR- 193.

-Pertinent previous echo findings (7/2025 CS): Moderate to severe LVH, dilated PA with without an underlying cause. LV: 0.68/0.88cm, LA: 1.2.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild to moderate hypertrophy overall. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy with fibrosis (hyperechoic). The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present. No obvious spontaneous contrast or thrombi. No right atrial enlargement present. There is no obvious systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. No mitral or tricuspid regurgitation. Blood flow through the RVOT is normal in velocity. The MPA is mildly dilated. No pleural or pericardial effusion seen. No obvious cardiac tumors.

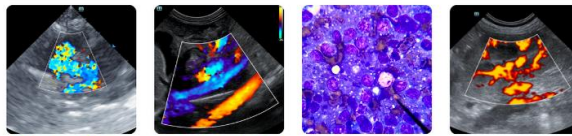
CARDIAC CHART

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	6.1	180	0.67	1.2	0.77	56	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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	1.8	1.7	1.7	0.8	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

Compared to the prior study, there is evidence of progression. HCM persists with a similar wall thickness. That being said, the LA is now moderately dilated, which suggests risk for complication going forward. The pulmonary artery is mildly enlarged as well, which was noted previously. No additional issues are identified.

Even with left atrial enlargement, utilization of medications in subclinical feline cardiomyopathy cases is of debatable benefit. If the patient is easily medicated, consider use of Benazepril for both vasodilatory and anti-fibrotic benefits as well as Plavix (Clopidogrel) to decrease the risk for



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blood clot events. Atenolol is not clearly indicated without a significant obstructive component of disease. No additional medications are implicated at this time.

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

Anesthetic risk is considered moderate, and 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 reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

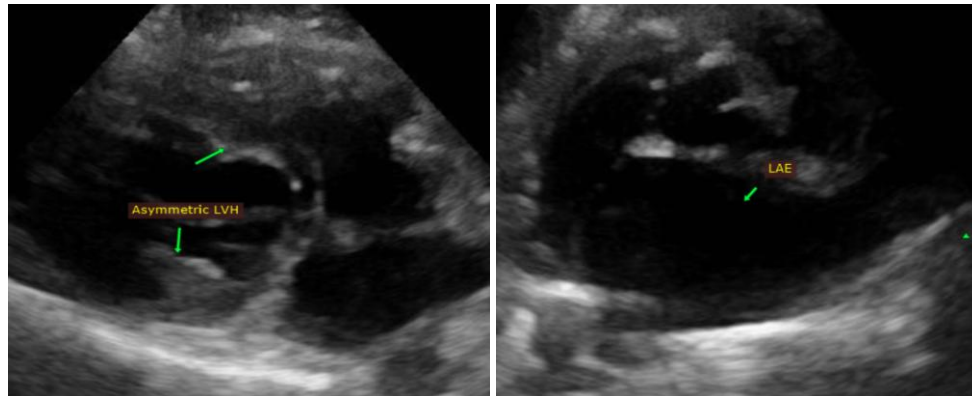
PLAN

Consider institution of an ACEI 0.5mg/kg PO q12h and Plavix (clopidogrel) 18.75mg PO q24h (NOTE: bitter on cut edges; coat in entirety) if able.

Monitor BP and T4 every 6 months.

A recheck echocardiogram is recommended in 6 months to assess for progression and reevaluate murmur origin.

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