

PATIENT

Snake Mastel

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2.5 years

WEIGHT

14.1lbs

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

47807

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. On Atenolol 6.25mg SID. BP: 130mmHg. Sedated with Gabapentin, Trazadone and Torb.

-Pertinent previous echo findings (11/2025 MML): MVD versus HOCM. Mild LVH (0.63/0.67cm), no LAE, moderate MR. AV max: 4.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild hypertrophy overall. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. 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. The mitral valve appears elongated and thickened. No significant SAM is seen, although the LVOT is not assessed. No significant MR. There is no pericardial effusion noted. No pleural effusion appreciated.

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	6.4	NM	0.62	1.0	0.65	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	1.3	1.3		NM	0.9	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

Compared to the prior study, there is evidence of mild improvement. The LVOT velocity is not assessed; however, no significant SAM is seen likely suggesting improvement. Mild LVH persists unchanged without LA enlargement. No additional issues are seen.

Given these findings, continue Atenolol going forward. No additional medications are warranted. Prognosis is open and monitoring lifelong is advised.

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 (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A



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reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

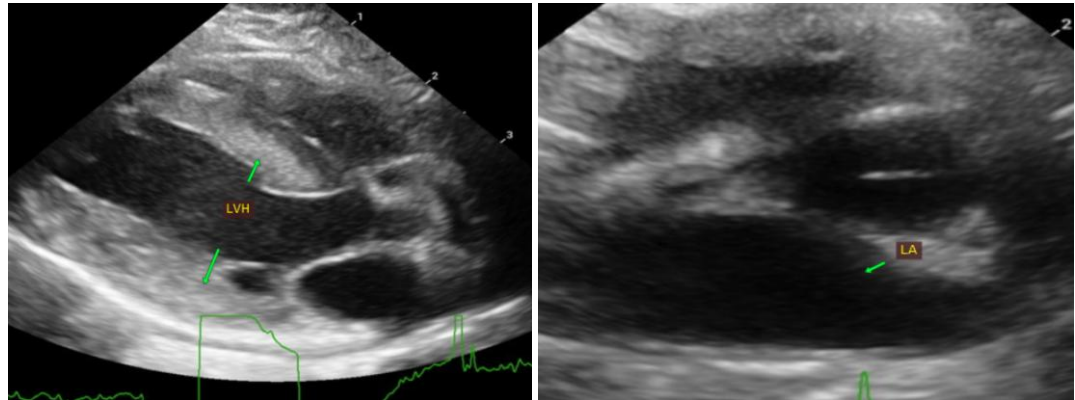
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

Screening BP/T4 annually. Continue Atenolol as prescribed.

Recommend recheck echocardiogram in 6-12 months to assess for progression, 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

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