



**PATIENT**

Peaches Vance

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

9.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Melissa Weisman,  
DVM

**HOSPITAL NAME**

Minnesota Veterinary  
Ultrasound

**REFERRING VET**

Dr. Weisman

**INVOICE**

47822

**DATE**

5/12/26

**PRESENTING CLINICAL SIGNS**

History: Presented for establishing care, owner was aware of heart murmur noted at previously, but no workup had been done. BP showed hypertension. T4: normal. Sedated with Gabapentin.

-Abnormal PE/Chem/CBC/UA Results: BP: 1: 153/102/119 2: 160/89/113 3: 181/96/124 4: 167/101/123 5: 159/126/137 6: 165/115/132. ProBNP - Abnormal (3/31/26). T4 - 2.6 (4/3/26).

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. Significant cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely hypertrophied. Adequate LV function. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle appears normal. There is severe left atrial enlargement present with a horizontal component. No obvious smoke or thrombi. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve present creating a LVOTO. There is mild eccentric mitral regurgitation. No AI or PI. Scant pericardial effusion. No pleural effusion noted. 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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	4.3	130	0.83	1.2	0.84	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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	2.2	2.0		2.5	0.9	NM
<p>*Note: All measurements based upon multi-modal images and methods. An average value is reported. Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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**

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates LV thickening with a dynamic LVOT obstruction (SAM). Most importantly there is severe left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event is and will be elevated lifelong. No additional issues are identified.

A small amount of pericardial effusion is noted, which given the severity of disease is suspicious for early congestive heart failure. Full life-long cardiac support is recommended as below, even prior to clinical signs. If able to be stabilized and medicated, the prognosis is poor for cats with



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CHF long term, however most are able to be managed for an average of 6-12 months on medications if tolerated.

Atenolol may be indicated in this patient in the future; however, given active congestion, I would not utilize it at this time.

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

Elective anesthesia, fluid therapy and/or steroids are not advised as all pose high risk for complication.

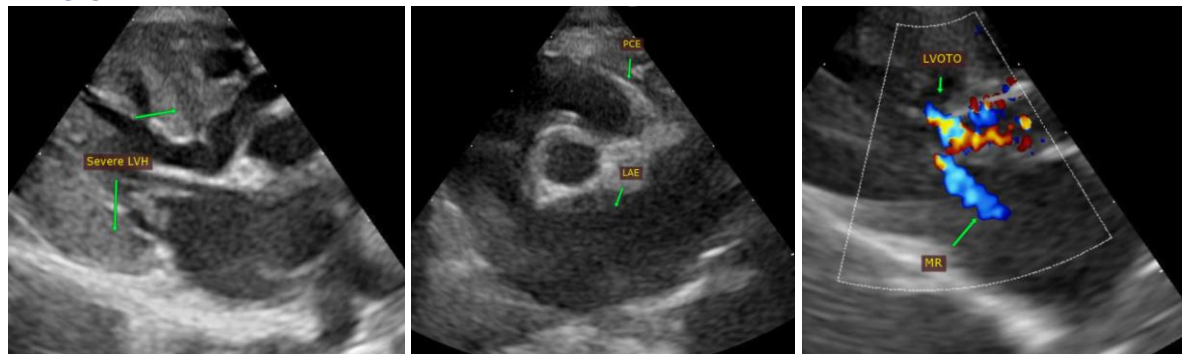
**PLAN**

Institute Lasix 1mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety).

Monitor BP and renal panel in 10-14 days, then every 3-4 months lifelong. If BP is persistently >130mmHg and patient is doing well, institute ACE- I 0.5mg/kg PO q12h.

Recommend recheck echocardiogram in 6 months to assess for progression and need for Atenolol, 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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