


**PATIENT**

Riley McLearie

**PRESENTING CLINICAL SIGNS**

 History: HCM diagnosed in 2013, has not been reassessed since.  
 -Current medications: Atenolol 25mg 1/4 SID.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline without significant hypertrophy. The LV is normal in dimension with adequate systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and remodeled. The mitral valve is normal with no MR. The left atrium is mild to moderately dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

**BREED**

Maine Coon Mix

**SEX**

Male Neutered

**CARDIAC CHART**
**AGE**

12 years

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	12.0	154	0.54	1.67	0.53	55	88
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	1.5	1.6	1.6		0.82	0.9	NM

**WEIGHT**

26.5lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

*\*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.

**HOSPITAL NAME**

 Beattie Pet Hospital  
 Stoney Creek

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of left atrial enlargement in the face of normal wall dimensions is most consistent with Unclassified Cardiomyopathy; however, the history of HCM may suggest hypertrophy previously. Regardless, mild to moderate left atrial enlargement indicates risk for complication. No additional issues are identified.

**REFERRING VET**

Dr. Baskin

Regardless of categorical classification, the finding of left atrial dilation confers risk for progression in the future and medications should be considered even without symptoms. Close monitoring of RR/RE is advised at home. Pimobendan can be considered if the patient is easily medicated. In an asymptomatic cat, if there is difficulty or reluctance to medicate at home it is reasonable to simply monitor going forward. Atenolol is typically utilized if there is an obstruction, which may have resolved on the medication. Further historical information is necessary to determine if this medication is warranted.

**INVOICE**

24180

**DATE**

5/13/22



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The long-term prognosis given the totality of the findings is guarded; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

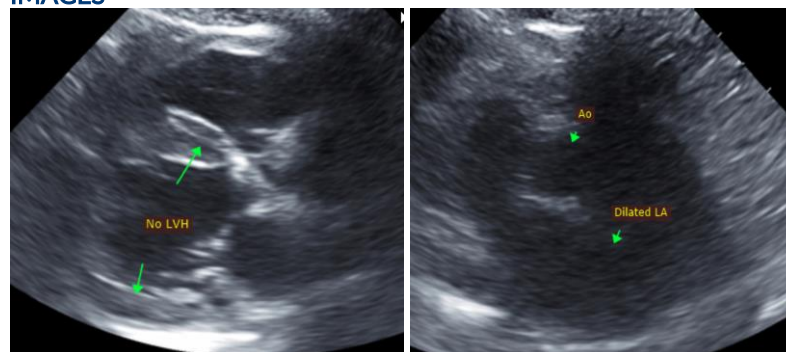
Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

**PLAN**

Screening BP and T4 are recommended every 6 months. If elect to medicate, institute Pimobendan 1.25mg PO q12h. Continue Atenolol as prescribed, pending historical information.

A recheck echocardiogram is recommended in 6 months to assess progression.

**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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