



**PATIENT**

Woody O'Brien

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

9.8lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDMS

**HOSPITAL NAME**

Wignall Animal  
 Hospital

**REFERRING VET**

Dr. Detelich

**INVOICE**

24302

**DATE**

5/19/22

**PRESENTING CLINICAL SIGNS**

History: History HOCM. Currently, doing well at home. Good appetite and energy level. No respiratory issues or coughing. On exam, grade III/VI systolic murmur. Current medication: Atenolol 25 mg, 1/4-tab SID.

-Pertinent previous echo findings (11/4/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.4 cm; LA:Ao 1.5; IVS 0.6 cm; PW 0.68 cm; LVOT 1.9 m/s.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are minimally increased. There is a diffusely hyperechoic endocardium consistent

with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled, asymmetric and hyperechoic.

**Left atrium:** The left atrium is mildly increased in size. No obvious spontaneous contrast or thrombi seen.

**Mitral valve:** The mitral valve is normal in structure and mobility. Mild intermittent systolic anterior motion is seen. No MR.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 160bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.56
LVID diastole (cm)	1.58
PW thickness (cm)	0.61
LVID systole (cm)	0.62
FS (%)	61

**Doppler Measurements**

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

HOCM persists with evidence of stability/mild improvement. The LV wall thicknesses are slightly improved, and the LA remains mildly enlarged. No significant LVOTO is appreciated, and no additional issues are identified.

Given these findings, continue Atenolol as prescribed with no obvious indication for additional medications.



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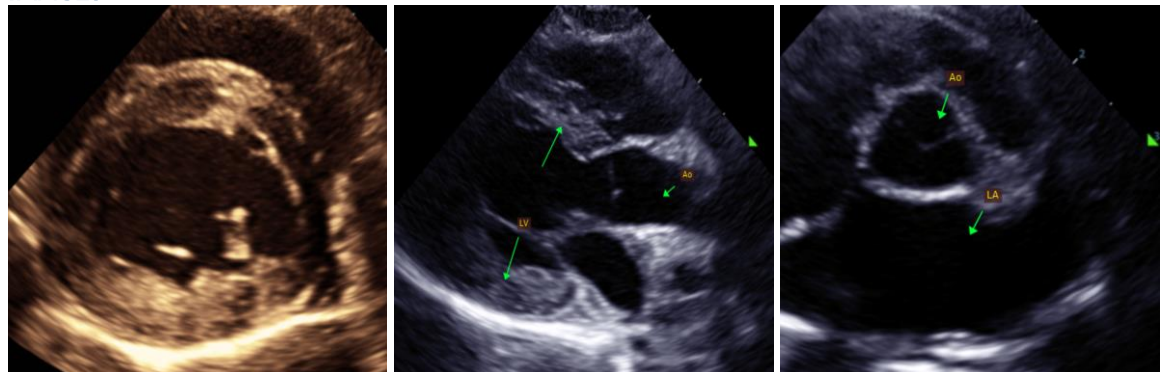
**RECOMMENDATIONS**

- Continue Atenolol as prescribed.
- Monitor BP/T4 every 6 months.
- 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 reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. Monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

**PLAN**

- Recommend recheck echocardiogram in 6 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**  
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com