



**PATIENT**

Wilko Raushi

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

11.75lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sands Hill Mobile  
Veterinary Ultrasound

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Borderline hyperthyroid. T4: WNL. Not tolerating Atenolol, on fish oil.  
-Pertinent previous echo findings (6/2022 MML): mild LVH, borderline LAE, mild SAM, mild MR. IVSd: 0.64, LVWd: 0.64, LA: 1.38.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is borderline left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Mild systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity (not captured on Spectral). There is mild eccentric mitral regurgitation present secondary to SAM. Trace TR. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. 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 (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.3	175	0.67	1.39	0.65	56	89
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	1.4	1.3		2.1	0.93	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.*

**HOSPITAL NAME**

Surf City Animal  
Hospital

**REFERRING VET**

Dr. Wick

**INVOICE**

31359

**DATE**

6/15/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hypertrophic obstructive cardiomyopathy (HOCM) persists with overall stability. The LV wall thickness is unchanged and mildly increased without progressive LA enlargement. The LVOTO remains mild, and no additional issues are identified.

Given that the patient is not tolerating Atenolol and the disease is stable, there is no clear indication for its use at this time. Serial monitoring is recommended. Baseline BP and T4 should be assessed every 6 months.

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

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 (ketamine, glycopyrrolate, atropine).



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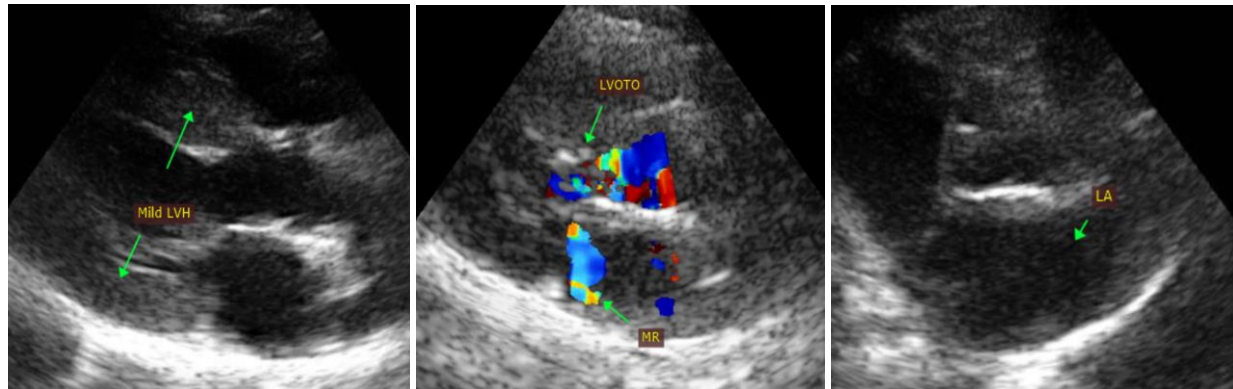
6/15/23

**PLAN**

Screening blood pressure and T4 are recommended every 6 months.

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**  
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