



PATIENT

Baby Martin

SPECIES

Feline

BREED

Persian

SEX

Female Spayed

AGE

5 Years

WEIGHT

7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Deer Run Veterinary
Service

REFERRING VET

Dr. Palmer

INVOICE

25009

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM diagnosed on prior echocardiogram 10/8/2019 (Brad Moses, DVM, DACVIM-Cardiology). Cat is doing well clinically. BP: 148mmHg x 2. *No sedation for study.

-Pertinent previous echo findings: LA 1.28cm; LA:Ao 1.26; IVS 0.53 cm; PW 0.53 cm; LVOT Vmax 2.77 m/s; 31 mmHg; normal LA size; SAM of MV with moderate MR; mild LVH. Started Atenolol 6.25 mg q24h. (Pet owner discontinued Atenolol 1 year ago at the suggestion of another cardiologist - no records available).

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 mildly increased with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

Left atrium: The left atrium is mildly dilated with a horizontal component. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears mildly elongated. Systolic anterior motion is seen. Moderate eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Significantly increased aortic outflow velocity with a dynamic profile. 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.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	08
LA diam (cm)	1.4
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.64
LVID diastole (cm)	1.3
PW thickness (cm)	0.67
LVID systole (cm)	0.7
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	4.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with development of mild left atrial enlargement. These findings are similar to the 2029 study with moderate MR and significant SAM. Mild progressive LA dilation is concerning and may indicate risk is elevated going forward. The blood pressure is normal; however, thyroid status should always be assessed in a patient with LV changes. No additional issues are identified.

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. What is



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unusual is this cat's resting HR is low already despite reportedly no sedation. If the resting heart rate is consistent low, Atenolol is not recommended. No obvious indication for additional medications prior to LA dilation. Prognosis is guarded long-term; however, minimal progression since 2019 is certainly a good sign.

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RECOMMENDATIONS

- Monitor HR; if persistently <160bpm no medications are warranted. If elevated in the future, consider administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.
- Screening BP/T4 every 6 months.
- Anesthetic risk is considered mildly elevated, 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).
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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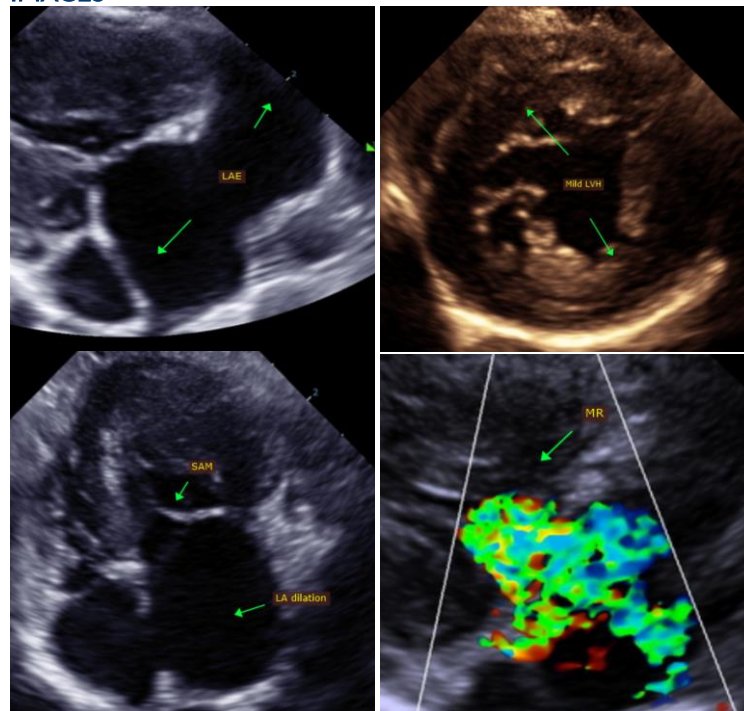
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PLAN

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

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IMAGES



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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.

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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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info@sonopath.com

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