**PATIENT**

Mud Dzaman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Intact

**AGE**

5.5.13

**WEIGHT**

10.56lbs

**INTERPRETED BY**Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)**HOSPITAL NAME**Everhart Veterinary  
Hospital**REFERRING VET**

Dr. Notarangelo

**INVOICE**

31624

**DATE**

6.29.23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History of heart murmur, grade 2-3/6. Doing well. Recent labs: Normal.

-Current medications: Revolution Plus 5.6-11lbs 3pk 9/27/2022, Atenolol 25mg 1/4 tablet once daily.

-Blood pressure: 180, 182 and 184mmHg. (before gabapentin)

-Sedation used: Gabapentin PO.

-Pertinent previous ultrasound results (9/2022 MML): Asymmetric LVH, no LAE, LVOTO with mild MR. IVSd: 0.63, LVWd: 0.48, LA: 1.2.

-STAT: Not requested

-Imaging performed by: Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular without significant hypertrophy. 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 no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No significant systolic anterior motion (SAM) is appreciated. Normal LVOT velocity. No MR. 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.7	NM	0.54	1.3	0.46	36	70
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	NM	1.2	1.1	1.1	0.94	NM	

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.

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with improvement on Atenolol. Previously mild septal thickening has resolved and LVOTO is no longer apparent. This is considered a positive response to medical management. The LA is normal indicating risk is low. No additional issues are identified.

Given these findings, continue Atenolol as prescribed.

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).

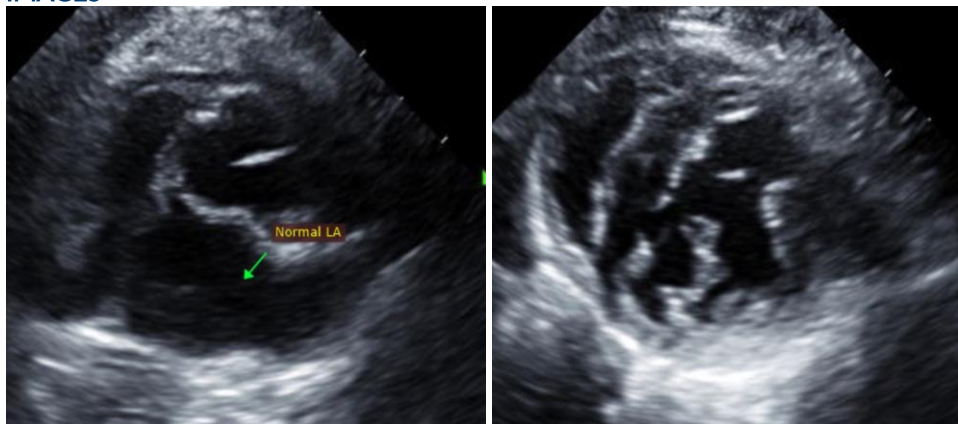
### PLAN

Continue Atenolol as previously prescribed.

Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6-12 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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