



**PATIENT**

Pirate Krieger

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13.3 years

**WEIGHT**

9.78lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Striano-Kaplan,  
DVM

**HOSPITAL NAME**

Ramsey Veterinary  
Hospital

**REFERRING VET**

Dr. Striano-Kaplan

**INVOICE**

31626

**DATE**

6/29/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Atenolol 25mg 1.25T SID, Methimazole 1.25mg/0.05mL, Transdermal 1 click BID.

-Abnormal PE/Chem/CBC/UA Results: Retic HGB: 14.4L, LYMPHOCYTE: 6018H.

-Pertinent previous echo findings (5/2021 MML): Moderate LVH, mild to moderate LAE, LVOTO with MR. IVSd: 0.72, LVWd: 0.74, LA: 1.6.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
Normal cardiac silhouette. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with regions of normal dimensions. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is minimal systolic anterior motion (SAM) seen on 2D imaging. No obvious MR. LVOT velocity appears normal. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

**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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	4.4	174	0.65	1.1	0.58	45	80
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
<b>NORMAL</b>	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
<b>PATIENT</b>	1.5	1.5	1.5	1.5	1.2	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hypertrophic obstructive cardiomyopathy (HOCM) persists with evidence of mild improvement on Atenolol. The LV hypertrophy is less apparent and the LVOTO appears well controlled. The LA is slightly improved in dimension as well, although mild enlargement persists. No additional issues are identified.

Given these findings, continue Atenolol going forward ensuring the stressed heart rate maintains between 140-160bpm. Serial blood pressure and thyroid monitoring is recommended lifelong.



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Prognosis remains guarded; however, this is certainly a good sign.

**SPECIES**

Feline

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, and isoflurane maintenance. Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

**BREED**

DSH

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

**SEX**

Male Neutered

**PLAN**

Monitor BP and T4 every 6 months as discussed. Continue Atenolol ensuring the heart rate maintains between 140-160bpm stressed.

**AGE**

13.3 years

Recommend recheck echocardiogram in 6-9 months to assess for progression, sooner if clinical issues arise.

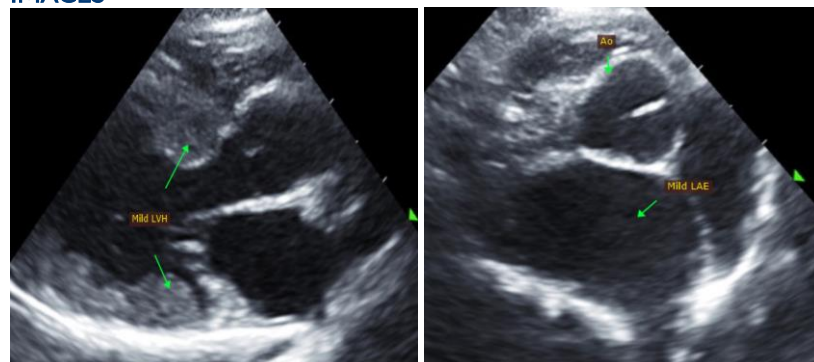
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**IMAGES**

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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.

**HOSPITAL NAME**

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Hospital

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.

**REFERRING VET**

Dr. Striano-Kaplan

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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