



**PATIENT**  
Cody Green

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM. Currently doing well at home with no clinical issues. BP: 193-195mmHg.

**SPECIES**  
Feline

-Pertinent previous echo findings (6/17/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.4 cm; LA:Ao 1.4; IVS 0.62 cm; PW 0.59 cm; LVOT Vmax 2.5 m/s.

**BREED**  
DSH

**ECHOCARDIOGRAM FINDINGS**

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

**SEX**  
Male Neutered

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are mildly increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hyperechoic and hypertrophied. The endocardium appears mildly remodeled.

**AGE**  
11 years

**Left atrium:** The left atrium is minimally dilated. No obvious spontaneous contrast or thrombi seen.

**WEIGHT**  
16.6lbs

**Mitral valve:** The mitral valve is normal in structure and mobility. Mild systolic anterior motion is seen with trivial MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Mildly 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.

**INTERPRETED BY**  
Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**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 with a dynamic profile.

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

**2-Dimensional Measurements**

**Doppler Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.4
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.62
LVID diastole (cm)	1.7
PW thickness (cm)	0.65
LVID systole (cm)	1.0
FS (%)	41

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	2.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**  
Littleton Animal  
Hospital

**INTERPRETATION OF THE FINDINGS**

Hypertrophic obstructive cardiomyopathy persists with evidence of stability. No progression in LV wall thickness is identified and the LA remains mildly dilated. The LVOTO is mild, and no additional issues are identified.

**REFERRING VET**  
Dr. Brooks

Reasonable to simply monitor this patient going forward; however, Atenolol may be warranted should the disease progress in the future. Prognosis remains guarded long-term.

**INVOICE**  
25083

The blood pressure has been persistently elevated in this patient, presumably due to stress. Continue monitoring is advised.

**DATE**  
6/30/22



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**SPECIES**

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DSH

**SEX**

Male Neutered

**AGE**

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**WEIGHT**

16.6lbs

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**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**

Littleton Animal  
 Hospital

**REFERRING VET**

Dr. Brooks

**INVOICE**

25083

**DATE**

6/30/22

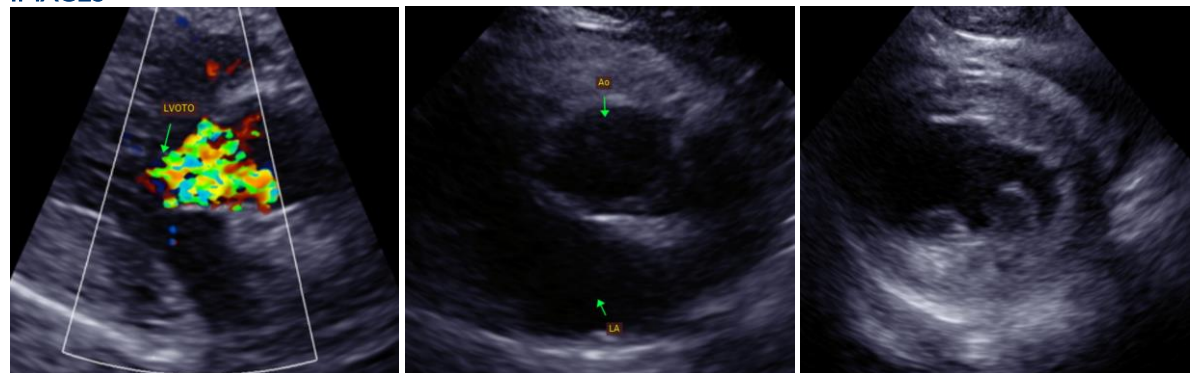
**RECOMMENDATIONS**

- No medications are indicated.
- 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.
- Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

**PLAN**

- 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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