



**PATIENT**

Maxwell Monteiro

**SPECIES**

Feline

**BREED**

Maine Coon Cat

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

20.2lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Compassionate Care  
Veterinary Clinic

**REFERRING VET**

Dr. Coates

**INVOICE**

25507

**DATE**

7/22/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM. Maxwell is stable since prior study with no tachypnea, dyspnea, or cough. Owner notes some open mouth breathing when he is very stressed (infrequent and present for years). On exam: grade III/VI systolic murmur; no adventitious lung sounds. Cardiac ProBNP 120; T4 and Free T4 at low end of normal. Current medications: Sotalol 20 mg/ml - 0.5mls BID.

-Pertinent previous echo findings (8/20/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.6 cm; LA:Ao 1.46; IVS 0.68 cm; PW 0.62 cm; mild LAE; mild-moderate LVH; endocardial fibrosis; LVOT Vmax 1.7m/s. Echocardiogram prior to this one: 6/15/20 (MML) - LVOT 4.23 m/s.

**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 mild fibrosis. The papillary muscles appear mildly hypertrophied. The endocardium appears mildly remodeled. False tendon.

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

**Mitral valve:** The mitral valve is normal in structure. Systolic anterior motion is seen on 2D and color flow imaging. Mild eccentric mitral regurgitation.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Significantly elevated aortic outflow velocity; 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.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 220bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.2
LA diam (cm)	1.7
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.61
LVID diastole (cm)	1.9
PW thickness (cm)	0.57
LVID systole (cm)	0.54
FS (%)	72

**Doppler Measurements**

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	5.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Stable hypertrophic obstructive cardiomyopathy (HOCM) persists. The wall thickness is similar to slightly decreased comparatively, which should be monitored going forward. The LA remains mildly dilated. The LVOTO is significant (previously well controlled); however, given a lack of progression structurally no changes are warranted. This may be explained by a comparatively elevated resting HR (220bpm; 160bpm previously) and follow up is advised. No additional issues are identified.



**PATIENT**

Maxwell Monteiro

Prognosis remains guarded; however, it is certainly encouraging this patient has done well thus far.

**SPECIES**

Feline

**RECOMMENDATIONS**

- Continue sotalol as prescribed. No additional medications are indicated.
- Monitor BP/T4/HR every 6 months lifelong.
- Risk for general anesthesia is mild, and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary.
- 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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**PLAN**

- Recommend recheck echocardiogram in 6-12 months to continue to screen for progression.

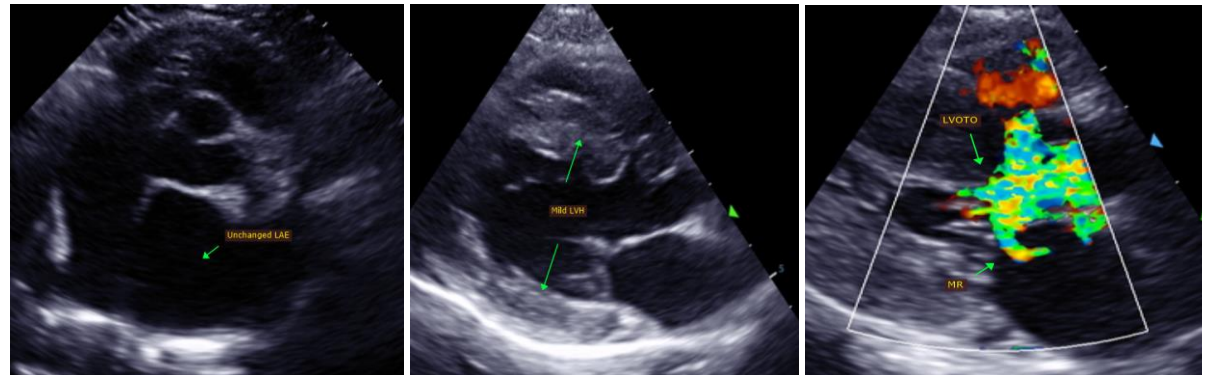
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDMS

**HOSPITAL NAME**

Compassionate Care  
 Veterinary Clinic

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. Coates

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