



**PATIENT**

Biscuit Adams

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

6 years

**WEIGHT**

11.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HCM diagnosed on echocardiogram at 1 year of age. Needs dental prophylaxis. Good appetite. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 140mmHg x 5. \*Sedated with propofol for study.

-Pertinent previous echo findings (1/27/18 Donald Brown, DVM, DACVIM-Cardiology): 1.45 cm; LA:Ao 1.7: IVS 0.66 cm; PW 0.60 cm; LVOT Vmax 1.7 /s. normal LA size; increased LV wall thickness with regional variability.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The septum measures borderline in dimension; however, the remainder of the LV walls are normal.

There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and mildly hypertrophied. The endocardium appears mildly remodeled.

**Left atrium:** The left atrium is borderline in dimension. No obvious spontaneous contrast or thrombi seen.

**Mitral valve:** The mitral valve is normal in structure. Slight systolic anterior motion is suspected on 2D imaging. No mitral regurgitation.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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 mild tricuspid regurgitation.

**Pulmonic 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.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

25140

**DATE**

7/5/22

**2-Dimensional Measurements**

Ao diam (cm)	1.4
LA diam (cm)	0.9
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.59
LVID diastole (cm)	1.4
PW thickness (cm)	0.50
LVID systole (cm)	0.86
FS (%)	39

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Compared to what is available from the previous study, there is no evidence of progression. The septum remains borderline in dimension with no obvious progressive hypertrophy. The LA is minimally dilated, indicating low risk for complication at this time. No additional issues are identified.

Given these findings, no medications are indicated. Prognosis is guarded going forward given the relatively young age of the patient and lifelong risk for progression.



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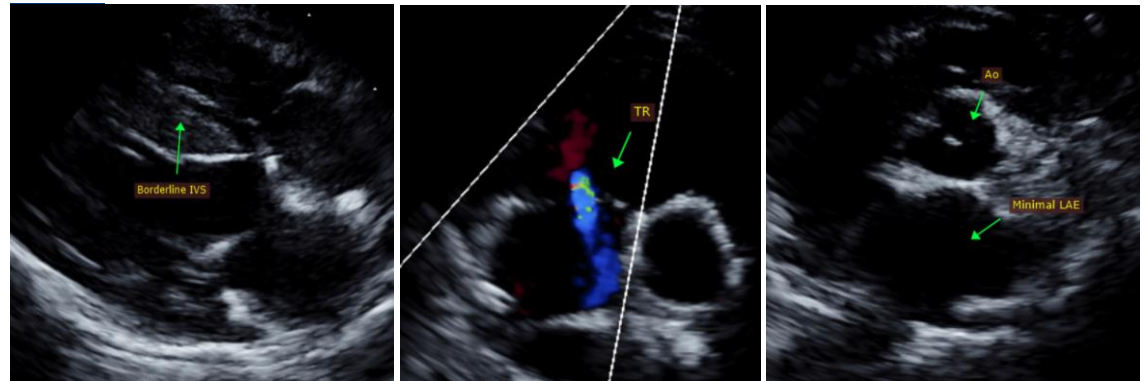
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, 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 (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

**PLAN**

- Recommend recheck echocardiogram annually to reassess murmur origin and screen for progressive LVH.

**IMAGES**



**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

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**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

Echocardiogram performed by:

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

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