



**PATIENT**

Maxwell Monteiro

**SPECIES**

Feline

**BREED**

Maine Coon Cat

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

19.6lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Compassionate Care  
Veterinary Clinic

**REFERRING VET**

Dr. Farrington

**INVOICE**

20673

**DATE**

8/20/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM, which was stable on prior echocardiogram. Currently, doing very well. Heart murmur persists; BP: 150, 152mmHg.

-Current medications: On Sotalol 2mg/ml - 10mg once daily.

-Pertinent previous echo findings (6/15/20 MML): LA 1.65 cm; LA:Ao 1.48; IVS 0.77 cm; PW 0.73 cm; LVOT 4.23 m/s; mild LAE

**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 mild to moderately symmetrically increased. 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 imaging; however, the aortic outflow velocity is largely normal with a dynamic profile. Trivial eccentric mitral regurgitation.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. 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 160bpm. No APCs.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.46
IVS thickness (cm)	0.68
LVID diastole (cm)	1.6
PW thickness (cm)	0.62
LVID systole (cm)	0.58
FS (%)	58

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.7
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, and the LA remains mildly dilated. Interestingly, the LVOT velocity recorded here is significantly improved; however, this is likely a highly heart rate dependent value. No



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 Maxwell Monteiro

additional issues are identified, and the risk for associated clinical signs remains low. Prognosis is guarded, given the highly variable outcomes with subclinical feline cardiomyopathy.

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 Feline

No APCs are seen on the brief screening ECG. Given the history, consider periodic extended ECG monitoring and/or holter monitor depending on patient tolerance and development of any clinical signs.

**BREED**  
 Maine Coon Cat

**RECOMMENDATIONS**

- Continue sotalol as prescribed. No additional medications are indicated.
- Monitor BP/T4 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.

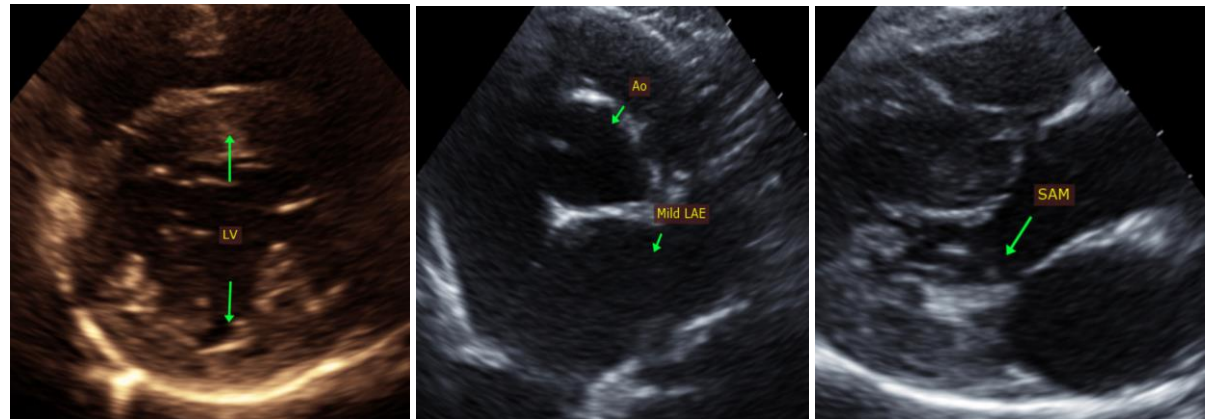
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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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