



**PATIENT**

Maxwell Monteiro

**SPECIES**

Feline

**BREED**

Maine Coon Cat

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

22.6lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDMS

**HOSPITAL NAME**

Compassionate Care  
Veterinary Clinic

**REFERRING VET**

Dr. Farrington

**INVOICE**

32207

**DATE**

8/8/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM, stable on prior echocardiogram. Presently, Maxwell had a recent surgery to remove trichoblastoma from ventrum - did well under anesthesia. Normal physical exam and continues to be asymptomatic. Current medications: Sotalol 10 mg BID (switched from Atenolol in 2018 due to APCs).  
-Pertinent previous echo findings (7/22/22 MML): LA 1.7 cm; LA:Ao 1.6, IVS 0.61 cm; PW 0.57 cm, mild LAE, mild LVH and papillary muscle hypertrophy, endocardial remodeling, LVOT Vmax 5.3 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. Trivial eccentric mitral regurgitation.  
**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Mildly 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 188bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.2
LA diam (cm)	1.7
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.62
LVID diastole (cm)	1.78
PW thickness (cm)	0.62
LVID systole (cm)	0.9
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	3.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, findings are similar. The LV wall thickness is minimally increased and unchanged. The LA remains mildly dilated and the LVOTO has improved. No additional issues have developed.

Given these findings, continue Sotalol as prescribed.

Prognosis remains guarded; however, serial stability is always a good sign.



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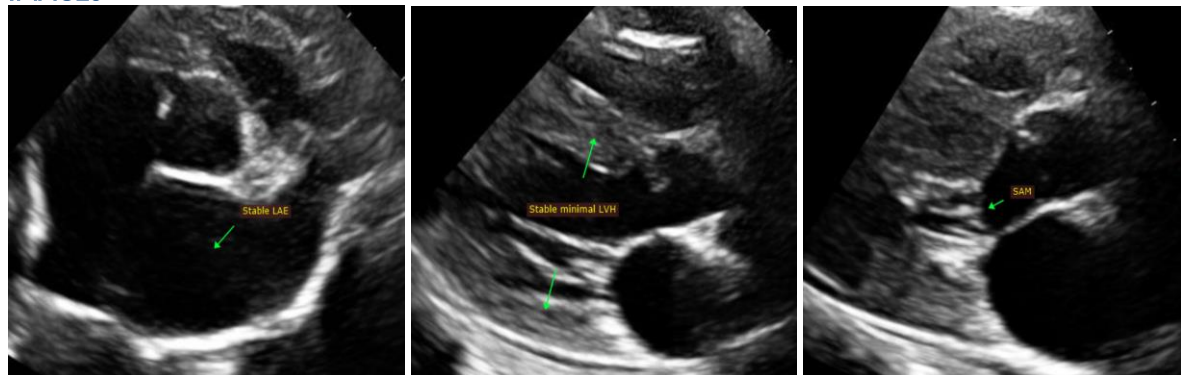
**RECOMMENDATIONS**

- 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.).

**PLAN**

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

**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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 info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS  
 Pet Animal Ultrasound Service ([4paus.com](http://4paus.com))