



**PATIENT**  
Big Paulie Maynard

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM with evidence of mild progression on previous echocardiogram. Currently, doing well; good appetite; normal respirations. BP: 220, 220, 230mmHg.

**SPECIES**  
Feline

-Current medications: On Atenolol 25mg, 1/4 t SID.  
-Pertinent previous echo findings (7/28/20 MML): LA 1.23 cm; LA:Ao 1.2; IVS 0.66 cm; PW 0.71 cm; LVOT 2.34 m/s - mild-moderate LVOT obstruction.

**BREED**  
DLH

**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 to moderately increased, with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

**AGE**  
12 years

**Left atrium:** The left atrium is normal in dimension. No smoke or thrombi seen.

**Mitral valve:** The anterior leaflet of the mitral valve appears normal in morphology. Mild systolic anterior motion is seen; however, the aortic outflow velocity appears normal. No MR.

**WEIGHT**  
12lbs

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

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation.

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

**Pulmonary 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 180bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.6
LVID diastole (cm)	1.5
PW thickness (cm)	0.63
LVID systole (cm)	0.68
FS (%)	54

**Doppler Measurements**

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**  
Compassionate Care  
Veterinary Clinic

**INTERPRETATION OF THE FINDINGS**

Overall stable disease. The degree of LV hypertrophy is slightly improved, likely due to Atenolol therapy and no significant flow elevation is seen through the aortic root. The LA remains normal indicating low risk for complication. No additional issues are identified.

**REFERRING VET**  
Dr. Roman

**INVOICE**  
20976

Continue Atenolol as prescribed. Prognosis remains guarded long-term.

**DATE**  
9/10/21

The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress



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environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

**SPECIES**  
 Feline

**RECOMMENDATIONS**

- Continue Atenolol as prescribed.
- Screening BP and T4 every 4-6 months.
- Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**BREED**  
 DLH

**SEX**  
 Male Neutered

**AGE**  
 12 years

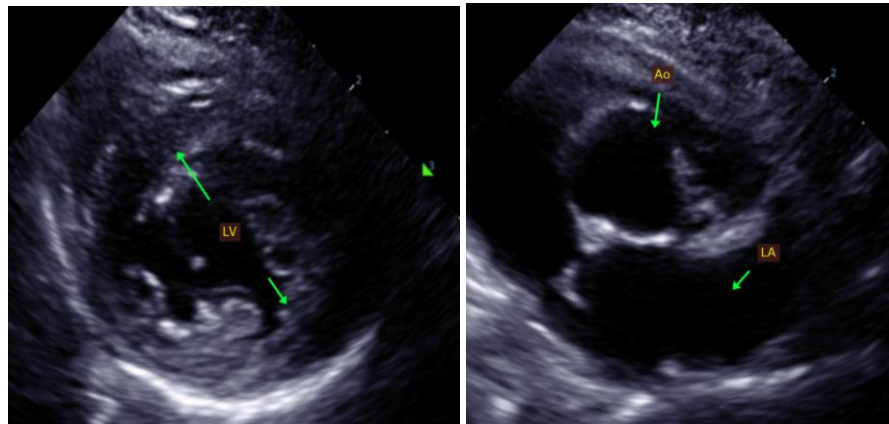
**PLAN**

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

**WEIGHT**  
 12lbs

**IMAGES**

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



**IMAGING PERFORMED BY**  
 Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**  
 Compassionate Care  
 Veterinary Clinic

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.

**REFERRING VET**  
 Dr. Roman

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.

**INVOICE**  
 20976

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**DATE**  
 9/10/21