

**PATIENT**

8 Ball Morgan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

9.81lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History mild HCM. Current presentation: 8 Ball is doing well at home with no concerns. Good appetite with normal activity. CV/RESP: NSR, grade II/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 110mmHg x 3.

-Current medications: Atenolol 25mg 1/4 tab twice a day.  
-Pertinent previous echo findings (2/10/21 MML): LA 1.2 cm; LA:Ao 1.3; IVS 0.69 cm; PW 0.69 cm; LVOT 0.8 m/s; left atrium high normal. \*No sedation.

**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.

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

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild central mitral regurgitation.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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. Normal velocity.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trivial 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 150bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.65
LVID diastole (cm)	1.2
PW thickness (cm)	0.62
LVID systole (cm)	0.65
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.81
MR Vmax (m/s)	NM
TR Vmax (m/s)	1.6
TR PG (mmHg)	10

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

20920

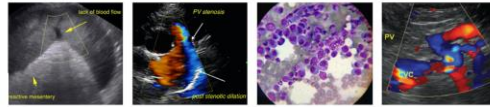
**DATE**

9/8/21

**INTERPRETATION OF THE FINDINGS**

HCM persists with largely stable disease. While the LV appears similar to previous studies, there is a slight increase in LA dimension and quantitative MR. No additional issues are identified at this time.

Even with slight left atrial enlargement, the risk for complication remains low. Continue Atenolol as prescribed and prognosis remains guarded long-term.



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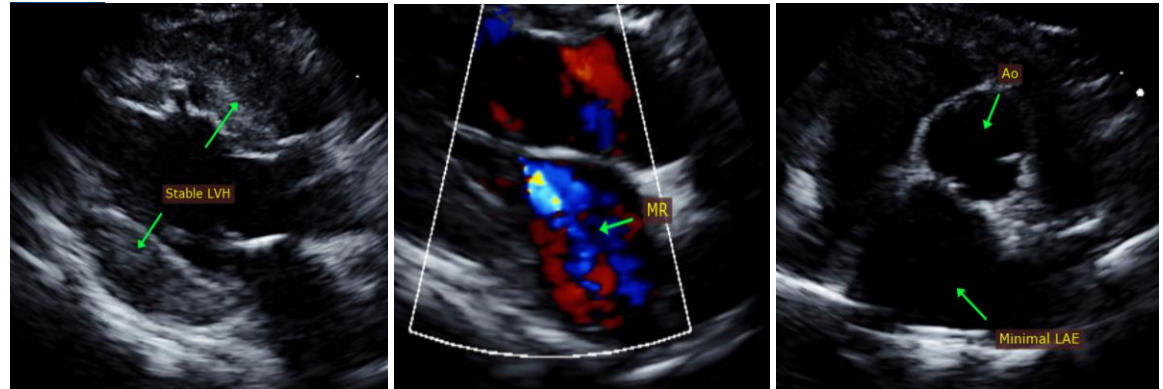
**RECOMMENDATIONS**

- Given these findings, no additional medications are indicated. Continue Atenolol as prescribed.
- Risk for general anesthesia remains low, however risk for fluid overload is high. Judicious rates are recommended if needed. 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  
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)