



**PATIENT**

Boris Mendoca

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

16.8lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Wignall Animal  
Hospital

**REFERRING VET**

Dr. Detelich

**INVOICE**

20959

**DATE**

9/9/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HCM. There are no new clinical signs.  
-Pertinent previous echo findings (1/14/21 MML): LA 1.2 cm; LA:Ao 1.2; IVS 0.66 cm; PW 0.70 cm; LVOT 0.9 m/s. \*No sedation.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is slightly decreased with adequate myocardial function. The LV wall thicknesses are mild to moderately increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled.

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

**Mitral valve:** The mitral valve is normal in structure and mobility. Mild systolic anterior motion is seen with mild to moderate eccentric MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity on Spectral doppler; however, an obstruction is seen on color flow imaging. 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 180bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.64
LVID diastole (cm)	1.0
PW thickness (cm)	0.7
LVID systole (cm)	0.56
FS (%)	44

**Doppler Measurements**

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

HCM persists with evidence of relative stability. The LV walls are similar to previous and no progressive LA enlargement is noted. One difference is an LVOTO is seen here (not previously documented). This may cause a murmur depending on heart rate and should be monitored going forward. Given the apparently mild nature of the finding and lack of structural progression, I would not utilize Atenolol at this time; however, follow up is advised.

**RECOMMENDATIONS**

- No medications are obviously indicated.
- Monitor BP and T4 every 6 months.
- 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



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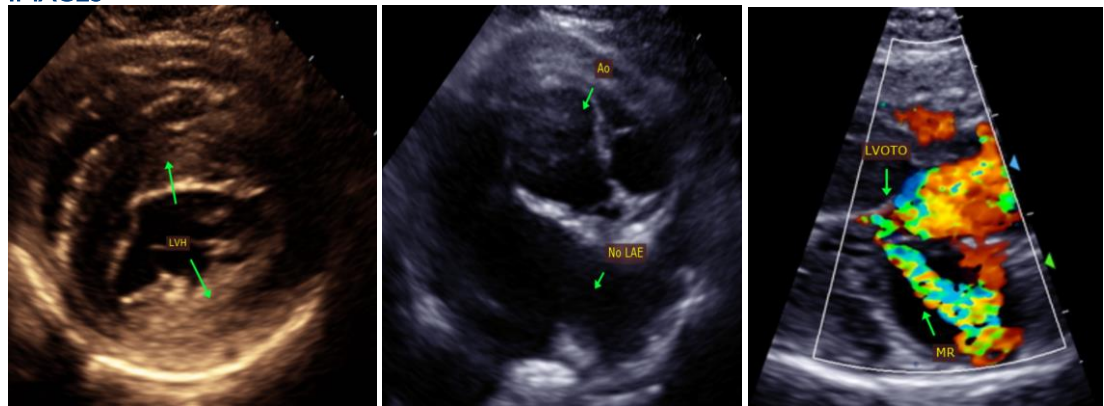
unless clinically necessary (glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- 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 screen for progression, sooner if any clinical signs arise in the interim.

**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