Report Requested By
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Report Provided By
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TVC-CASE-1153521
Cola (Robertson)
Cat | Balinese | 17 years | Male (Neutered)

Submitted : 2026-10-29

Echocardiogram Report

Community ECG & ECHO Clinical Findings

Pertinent Clinical History

Grade 2-3/6 murmur auscultated on PE. Echo performed. Sedated with Torbugesic 0.2 mg/kg IM + Alfaxan 0.2 mg/kg IM. BP (SYS/DIA MAP) [135/103 113]

Current Medications (if any recent adjustments/starting, note which ones and what changed)

None

Echocardiogram Findings

ECG: sinus rhythm with occasional VPCs
Left atrium: mildly dilated with normal fractional shortening. No spontaneous echo contrast seen
Left ventricle: moderately increased wall thickness (7mm, ref. <6mm), hypertrophied papillary muscles, with normal systolic and diastolic function
Right atrium: normal in size
Right ventricle: normal in size, dynamic outflow tract obstruction (RVOT up to 2m/s)
Aortic valve: normal trileaflet valve. LVOT velocity up to 1m/s.
Mitral valve: normal with mild regurgitation. Systolic anterior motion of the mitral valve present resulting in dynamic left ventricular outflow tract obstruction.
Tricuspid valve: normal with trace regurgitation
Pulmonic valve: normal (0.8 m/s) with trace regurgitation
Pulmonary artery: normal size with no evidence of stenosis
Effusions: Normal pericardium, pleural space and no peritoneal effusion. No B-lines.

Diagnosis

Hypertrophic cardiomyopathy phenotype, ACVIM stage B1, with SAM

Recommendations

Thank you for submitting this case.

In summary, this is a 17-year-old (NM) cat presented for further investigation of an asymptomatic heart murmur. The cat is normotensive.

Echocardiography demonstrates moderate left ventricular hypertrophy with systolic anterior motion of the mitral valve. The left atrium appears mildly dilated, with normal fractional shortening. Occasional ventricular premature complexes (VPCs) are noted on the simultaneous ECG.

Overall, these findings are suggestive of a hypertrophic cardiomyopathy (HCM) phenotype. Systemic hypertension has been ruled out, and I would also recommend excluding hyperthyroidism.

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Given the systolic anterior motion of the mitral valve, I would review the history for possible signs associated with dynamic left ventricular outflow tract obstruction, including intermittent open-mouth breathing, weakness, collapse, or other unusual behavior. If such signs are reported and considered attributable to obstruction, beta-blocker therapy could be considered. However, this has not been shown to improve long-term outcomes.

Given the relatively early stage of disease and the cat's age, there is a reasonable possibility that the HCM may never progress to cause clinical signs. Nevertheless, repeat echocardiography in 6–12 months is recommended.

Felycin-CA1 (sirolimus delayed-release tablets), which has conditional FDA approval in the United States for the management of ventricular hypertrophy in cats with subclinical HCM, could also be considered. The supporting six month randomized, placebo-controlled trial evaluated changes in cardiac hypertrophy but did not establish improvement in long-term clinical outcomes. Further randomized research is underway, and I generally favor awaiting stronger evidence of long-term clinical benefit before widely adopting this medication.

Recommendations:
- Rule out hyperthyroidism.
- Review the history for intermittent open-mouth breathing, weakness, collapse, or other unusual behavior that could be associated with outflow tract obstruction.
- Consider beta-blocker therapy if clinical signs are attributable to obstruction, recognizing the lack of demonstrated long-term outcome benefit.
- Repeat echocardiography in 6–12 months.
- Discuss Felycin-CA1 as a potential option, although I favor awaiting stronger evidence of long-term clinical benefit before routine use.

I hope this helps. Please let me know in the comments if there is anything you would like to discuss further.

Signature

Timeless Veterinary Community Specialist
DipACVIM (Cardiology)
American Specialist in Veterinary Cardiology

** See attached Key Images **

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