



PATIENT

Penelope Travis

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

1 year

WEIGHT

~5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Foxbank Veterinary
Hospital

REFERRING VET

Dr. Gent

INVOICE

46458

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Intermittent grade 3/6 heart murmur. Doing well. Assess prior to anesthesia for spay.
-Current medications: Lasix, Pimobendan, Clopidogrel.
-Pertinent previous echo findings (1/2025 MML/AN): (4 months old): Moderator bands, depressed LV function, significant biatrial dilation. PCE/CHF. LA: 1.5, FS: 38%.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of thinning. LV function is intact. No LV dilation. Increased moderator bands. Normal papillary muscles. The left atrium is mildly enlarged with subtle smoke. The right atrium is mild to moderately enlarged. The right ventricle appears enlarged as well; no obvious RVH. The MPA is not well visualized; however, no significant enlargement is appreciated. The pulmonic valve appears normal. The mitral valve is normal in structure and mobility. Mild MR. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. No additional valve regurgitation seen. No obvious congenital shunts. No pericardial or pleural effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.3	NM	0.41	1.0	0.41	50	85
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.6	1.1		0.9	1.2	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior evaluation, there is evidence of improvement likely due to medications. Both atria remain enlarged; however, improved significantly. The LV function has normalized and there is no residual effusion seen.

These findings are somewhat unexpected, given the severity of the initial findings; however, this is likely good news overall. For the time being, continuing medications is recommended, utilizing the lowest daily Lasix dose, BID. Serial stable exam may warrant a trial discontinuation; however, for now this seems reasonable.

Prognosis is guarded long-term. Patient will always be at risk for recurrent CHF, development of arrhythmias, and/or sudden death in the future.



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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 unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

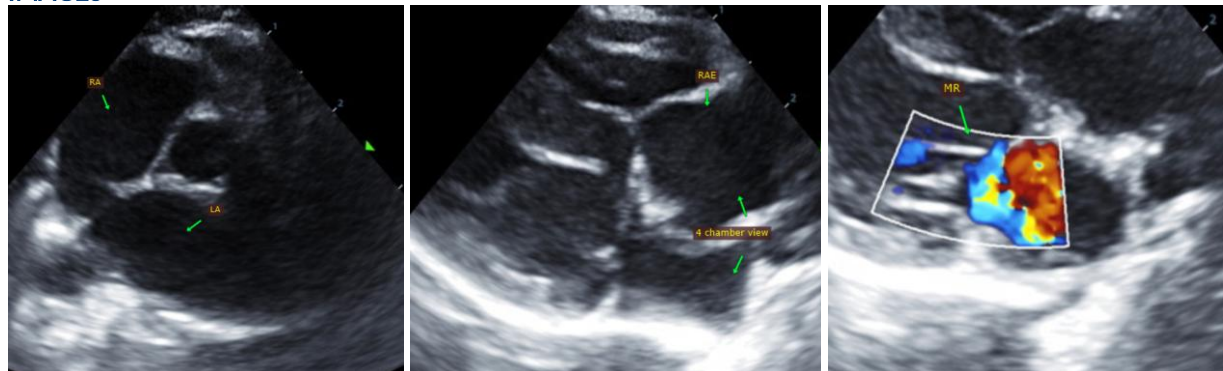
PLAN

Continue Lasix at the lowest effective BID dose. Continue Plavix 75mg tablets; give ¼ tab orally once daily. Continue Pimobendan 0.625mg PO q12h.

Monitor renal values and BP every 3-4 months lifelong.

Recommend recheck echocardiogram in 1 year, sooner if any clinical signs.

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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