



PATIENT

Rebel Brennan

SPECIES

Feline

BREED

Maine Coon

SEX

Male

AGE

6 months

WEIGHT

13.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Gemma O'Donoghue,
DVM

HOSPITAL NAME

Petscan

REFERRING VET

Dr. O'Donoghue

INVOICE

45671

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Heart murmur. Asymptomatic.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Elongated thickened MV leaflets consistent with dysplasia. The anterior leaflet can be seen obstructing systolic LVOT flow through the aorta. Mild eccentric mitral regurgitation. Mild left atrial dilation. Normal LV diameter with normal myocardial function. The LV wall is severely increased. The tricuspid valve appears normal with no obvious tricuspid regurgitation. Mild right atrial dilation. Mild RV enlargement. Mild elevation of pulmonic outflow velocities. The PV leaflets are mildly thickened. Trace PI. Significant dilation of the main pulmonary artery and peripheral branches. The aortic valve appears to be thickened with an abnormal asymmetric appearance. No obvious cardiac shunts are visualized. No pericardial or pleural effusion noted.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.0	NM	0.81	1.4	0.90	52	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.6	1.4		2.5	2.7	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.
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.*

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complex congenital heart disease is present. The cause of the murmur is multifocal, with mitral valve dysplasia, as well as suspected pulmonic stenosis. The MV dysplasia appears to be the hemodynamically significant issue with significant LV hypertrophy. That being said, a primary HCM component cannot be ruled out. The aortic valve is thickened as well, and a stenosis may be contributing. The flow through the pulmonary artery is also elevated. The valve itself is only mildly affected, yet there is significant dilation of the pulmonary vasculature. This may suggest either a more significant stenosis, a shunt not visualized here, or some ancillary issue. **Highly recommend referral in this complicated to a local Cardiologist for advanced diagnostics and evaluation.**

Given the totality of the findings, a referral should be considered prior to determining if medications are appropriate. If referral is declined or not possible, Atenolol may be reasonable due to totality of the findings. That being confirming the diagnosis is recommended. Prognosis is guarded long-term.



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Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised. Patient will always be at risk for development of right or left-sided CHF, lethargy/syncope, blood clot events, development of malignant arrhythmia and/or sudden death in the future.

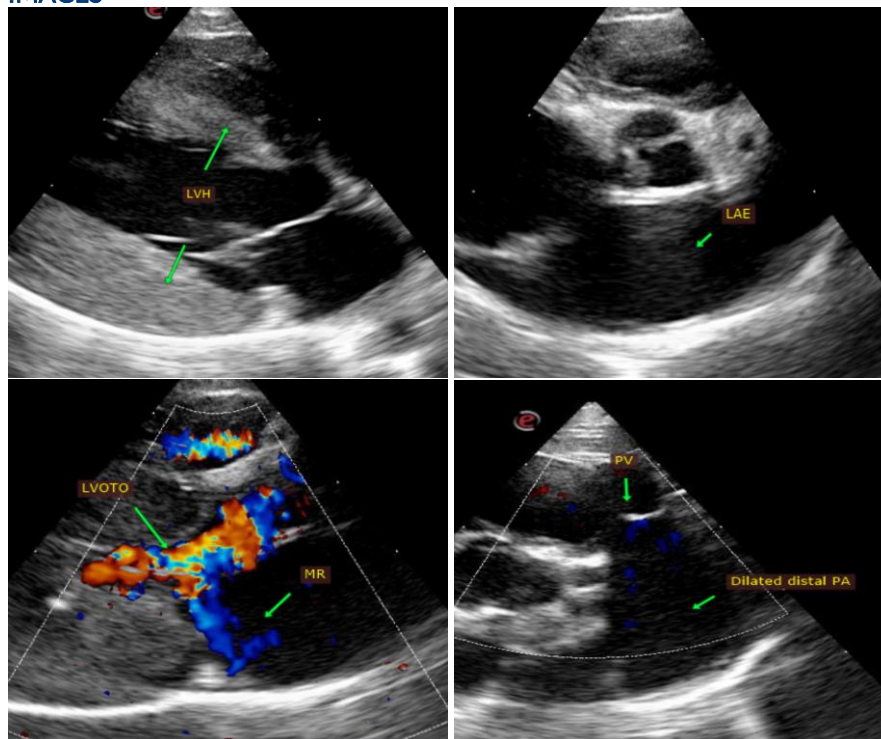
Anesthesia is not advised in this case

PLAN

Highly recommend referral to a local Cardiologist in this case. If declined, consider administering titrating dose of Atenolol: 25mg tablets; Give ¼ tab once daily in the evening. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached. If able, consider institution of Plavix (1/4 of a 75mg tablet PO q24h (note: medication is bitter along the cut edge; coat in entirety).

Recommend recheck echocardiogram at 1 year of age, sooner if clinical issues arise.

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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