Charleston Mobile Veterinary Services

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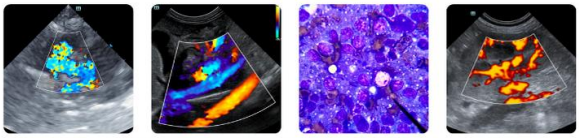

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Asher Perritt

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1.5 years

WEIGHT

12.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr. Soileau

INVOICE

45714

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 1-2/6 heart murmur. On Atenolol 0.4ml of 5mg/ml soln PO q24,
-Pertinent previous echo findings (2/2025 MML): Focal septal hypertrophy (0.63cm), trace MR, trace TR, mild MV thickening, slight LV dilation/dysfunction. FS: 32%, LV: 0.63cm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with a focal septal hypertrophy. Mild LV dilation with mild dysfunction. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscle hypertrophy. The right ventricle is normal. There is no left atrial enlargement. No right atrial enlargement present. Normal RVOT velocity. The LVOT velocity is normal. The anterior leaflet of the MV is mildly elongated and thickened, consistent with dysplasia. Trace MR is seen. Trace TR. Normal velocity. No obvious intra or extracardiac shunts seen. There is no pericardial effusion noted. No pleural effusion appreciated.

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	5.7	NM	0.64	1.6	0.42	35	65
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	1.4	1.0	1.0		1.5	0.8	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

Compared to the prior study, findings are similar. Focal LV hypertrophy persists with mild LV dysfunction. Despite this, the LA is normal and LVOT appears well controlled.

Given these findings, continue Atenolol going forward.

Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.).

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, and isoflurane maintenance.

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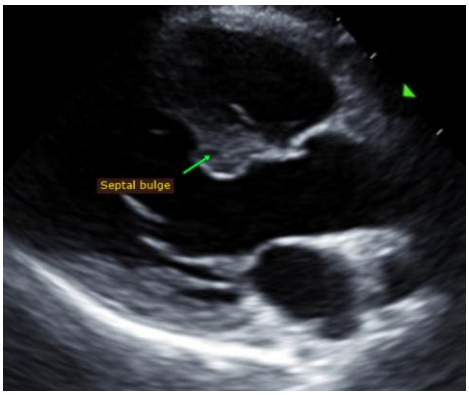
Long term prognosis is guarded given the age of the patient and highly variable nature of asymptomatic feline heart disease. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for progression to LA dilation in the future will help determine long term prognosis.

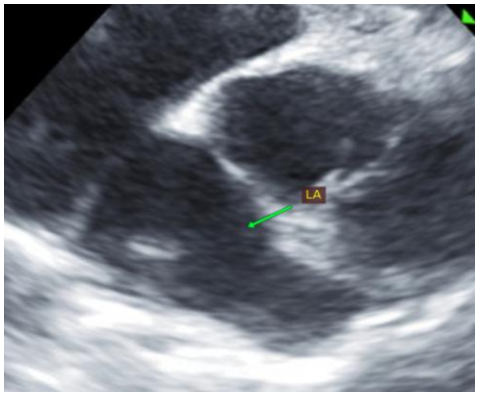
PLAN

Continue Atenolol as previously described.

Recommend recheck echocardiogram in 6-12 months, 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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