



PATIENT

Pooshy Moyers

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cole England, DVM

HOSPITAL NAME

Blue Cross AC

REFERRING VET

Dr. Markins

INVOICE

45765

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Chronic grade 3/6 heart murmur. Doing well On Atenolol 6.25mg PO q24h.
-Pertinent previous echo findings (11/2024 MML): MV dysplasia. Mild LVH with SAM, mild MR.
IVSd/LVWd: 0.62cm.

ECHOCARDIOGRAM FINDINGS **Image quality limited by abnormal chest confirmation*

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. No significant mitral regurgitation appreciated. The anterior leaflet of the MV is elongated, consistent with dysplasia. The LVOT obstruction is not readily apparent. Normal RVOT velocity is noted. There is no pericardial effusion noted. No pleural effusion appreciated.

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	5.9	NM	0.61	1.4	0.62	58	92
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	1.3	1.3	1.2	1.4	1.0	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

Persistently stable findings. Minimal LVH persists with a normal left atrial dimension. The LVOTO is not readily apparent, and no additional issues are seen.

Given these findings, reasonable to continue Atenolol going forward. No additional medications are warranted.

Monitor at home for any respiratory signs or 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, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' heart can develop evidence of intolerance and fluid retention.



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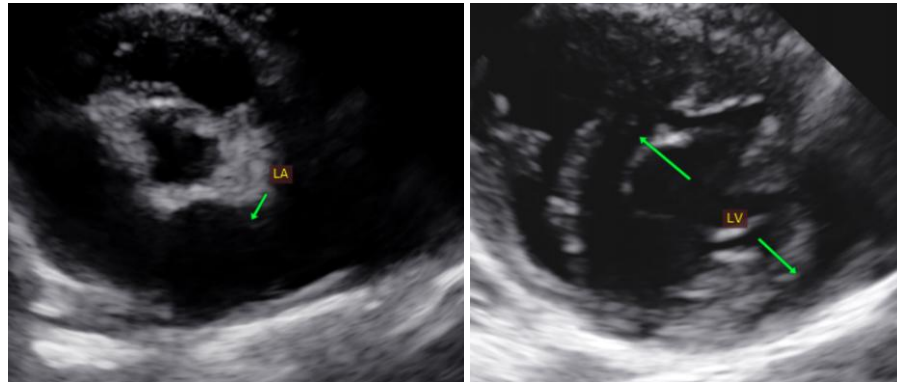
11/17/25

PLAN

Continue Atenolol as prescribed, ensuring stressed HRs maintain between 140-160bpm.

Recommend recheck echocardiogram annually, 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.

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