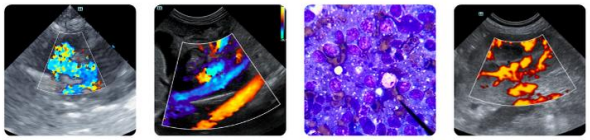

PATIENT

Bailey Esau

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1.7 years

WEIGHT

9.3lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Gira, DVM

HOSPITAL NAME

Britannia Kingsland VC

REFERRING VET

Dr. McClure

INVOICE

45889

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Grade 3/6 heart murmur. On Atenolol 6.25mg 1 tab SID.
-Pertinent previous echo findings (4/2025 MML): MV dysplasia versus HOCM. LVH: 0.65cm, LA: 1.2.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied for this signalment. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscle hypertrophy. The right ventricle is normal. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Mild SAM is appreciated; however, the LVOT velocity is normal. The anterior leaflet of the MV is mildly elongated and thickened, consistent with dysplasia. No MR. Trace TR. 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	4.2	170	0.66	1.5	0.66	59	91
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	1.3	1.3		1.2	0.6	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. Despite an improvement in the LVOT obstruction, mild LV hypertrophy persists. The remainder of the study is unchanged without LA enlargement.

Given these findings, continue Atenolol going forward. Prognosis is guarded long-term; however, stability is always a good sign.

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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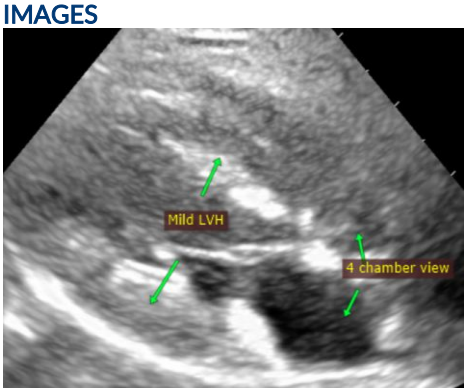
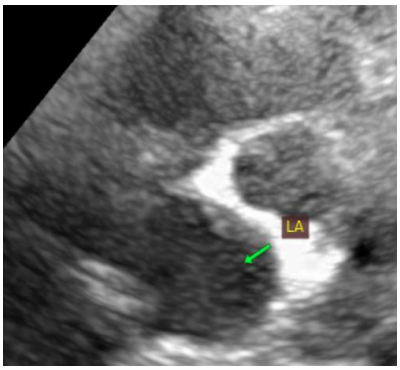
PLAN

Continue Atenolol as prescribed.

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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