



**PATIENT**

Linus KKR

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

22 months

**WEIGHT**

11.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small Veterinary  
Clinic

**REFERRING VET**

Dr. Bailes

**INVOICE**

27754

**DATE**

12/1/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 3/6 heart murmur.

-Current medications: Atenolol 6.25mg PO q24h.

-Pertinent previous echo findings (11/2021 MML): Moderate PS: 4.2m/s (previously was mild), mild RHE.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV walls are normal. The tricuspid valve appears normal in form and function with trace tricuspid regurgitation present. Mild right atrial dilation. Mild RV hypertrophy with overall prominence. Moderate elevation of pulmonic outflow velocities is identified. The valve is difficult to visualize in this image set. Mild post-stenotic dilation of the main pulmonary artery and branches. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are visualized. No pericardial or pleural effusion noted.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	5.4	NM	0.49	1.5	0.48	47	82
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	1.3	1.2	1.2		1.2	3.9	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 appear similar. The pressure gradient remains moderate, although slightly improved comparatively. This is likely due to Atenolol therapy. The right heart changes are mild overall, and no additional issues are identified.

Given these findings, continue Atenolol as prescribed ensuring the stressed heart rate remains <160bpm.

If needed, anesthetic risk is considered mild, however judicious IV fluid rates are advised avoid fluid overload. Pre-oxygenate for 5 minutes prior to induction. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Monitor heart rate, BP, ECG carefully and intervene as necessary.



**PATIENT**

Linus KKR

Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised.

**SPECIES**

Feline

**PLAN**

Continue Atenolol as prescribed.

Recommend recheck echocardiogram annually, sooner if clinical signs arise.

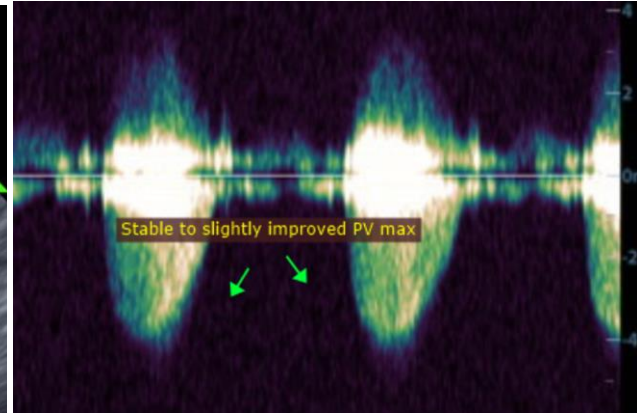
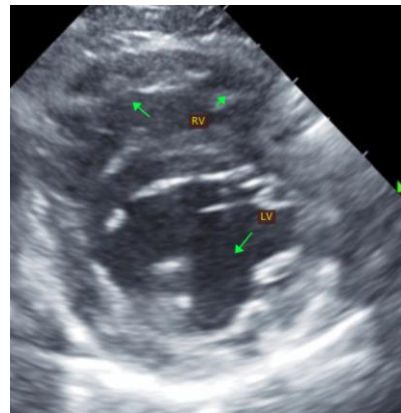
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Jessica Bailes

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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