

**PATIENT**

Gustav Levear

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

5 years

**WEIGHT**

9.3lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Karen Ebersole, DVM,  
DABVP

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Norman

**INVOICE**

45990

**DATE**

12/3/25

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 3/6 heart murmur. BW: WNL. BP: 98mmHg.  
-Current medications: Clopidogrel 18.75mg SID, Furosemide 10mg BID, Pimobendan 1.25mg BID.  
-Pertinent previous echo findings (6/2025 MML): HOCM. Severe LA. PCE noted. LV: 0.70cm, LA: 1.8.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied. Adequate LV function. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle appears normal. There is severe left atrial enlargement present with a horizontal component. Subtle smoke. No obvious thrombi. No right atrial enlargement present. There is significant systolic anterior motion (SAM) of the mitral valve present creating a LVOTO. There is moderate eccentric mitral regurgitation. No AI or PI. No pericardial or pleural effusion noted. No obvious cardiac tumors.

**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	180	0.70	1.6	0.70	48	83
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	2.0	2.0	1.9		3.0	0.9	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 are similar. The LA is slightly more dilated; however, the difference is minimal. He LA thickness is unchanged and the pericardial effusion has resolved.

Given these findings, continue triple therapy as prescribed. Given that the patient is doing well, I would not utilize Atenolol at this time. Prognosis is poor for cats with CHF long term; however, most are able to be managed for an average of 6-12 months on medications if tolerated.

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

Elective anesthesia, fluid therapy and/or steroids are not advised as all pose high risk for complication.



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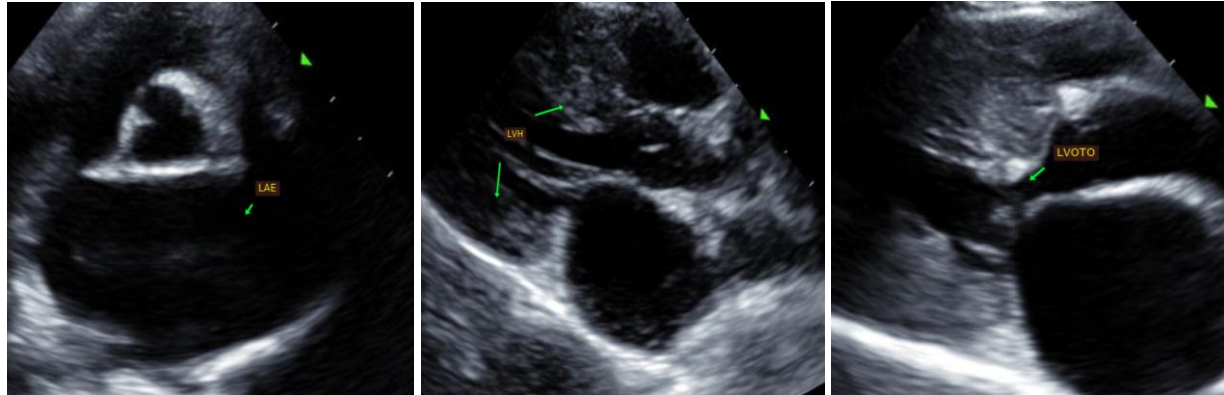
## PLAN

Continue three medications as previously prescribed.

Monitor BP and renal panel every 3-4 months lifelong.

Recommend recheck echocardiogram in 6 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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