



PATIENT

Phoebe Haverstock

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5 years

WEIGHT

8.8lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Abby Road Veterinary
 Hospital

REFERRING VET

Dr. Freeby

INVOICE

46869

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. On Atenolol 6.25mg PO BID. BP: 130mmHg. Sedated with Gabapentin.
 -Pertinent previous echo findings 2/2025 MML): Normalized HOCM. No LVH, no LAE. Continue Atenolol. Discontinued Plavix.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No significant systolic anterior motion (SAM) of the mitral valve is seen on 2D or color flow imaging. The LVOT velocity is normal. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. 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	4.0	170	0.48	1.1	0.45	47	86
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	1.5	1.3	1.2		1.0	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

Persistently normal findings, which is great news. The LA and LV are normal with no obstruction identified.

Given these findings, reasonable to continue Atenolol going forward. No obvious indication for additional medications. Prognosis is open with a positive response to therapy.

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



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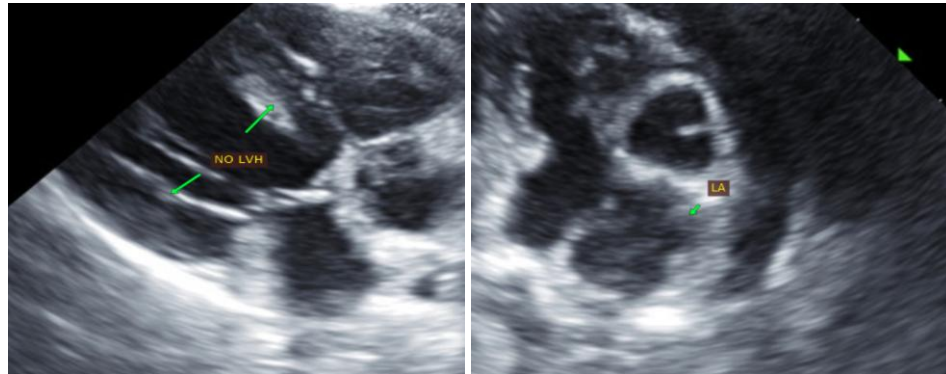
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

PLAN

Continue Atenolol as prescribed.

Recommend recheck echocardiogram annually, sooner if clinical issues arise.

IMAGES



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DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Shari Reffi, CVT

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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