

## PATIENT

Billy Burgess

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

4 years

## WEIGHT

12.3lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Iacovides, DVM

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Lameg

## INVOICE

46904

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4-5/6 heart murmur. Episode about 2 weeks ago where he vomited and looked very pale on his nose and lips. Assess prior to dental.

-Pertinent previous echo findings (1/2025 MML): No LVH, no LAE, LVOTO with MR due to MV dysplasia.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal with no significant hypertrophy. There is a mildly hyperechoic endocardium. The right ventricle is normal. There is moderate left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is readily apparent with an elevated LVOT velocity on color flow. The anterior leaflet of the MV is mildly elongated and thickened, consistent with dysplasia. There is moderate eccentric secondary mitral regurgitation present. No other obvious valvular regurgitation is present. 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	5.6	NM	0.56	1.4	0.56	42	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (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	1.4	1.7	1.6		1.7	0.7	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>                      Adapted from June Boon, Veterinary Echocardiography, 1998                      Abbott J &amp; 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.</p>							

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, there is evidence of progression. While the LV wall thickness is only slightly increased, the LA is now moderately dilated. This is highly concerning for progressive disease going forward. The LVOT obstruction remains mild with moderate MR. No additional issues are seen.

Given these findings, Plavix is now recommended as below due to increased risk for a thromboembolic event. I would not use Atenolol in this case, as the obstruction does not appear to be the primary issue with progressive MR. No additional medications are clearly indicated at this time.



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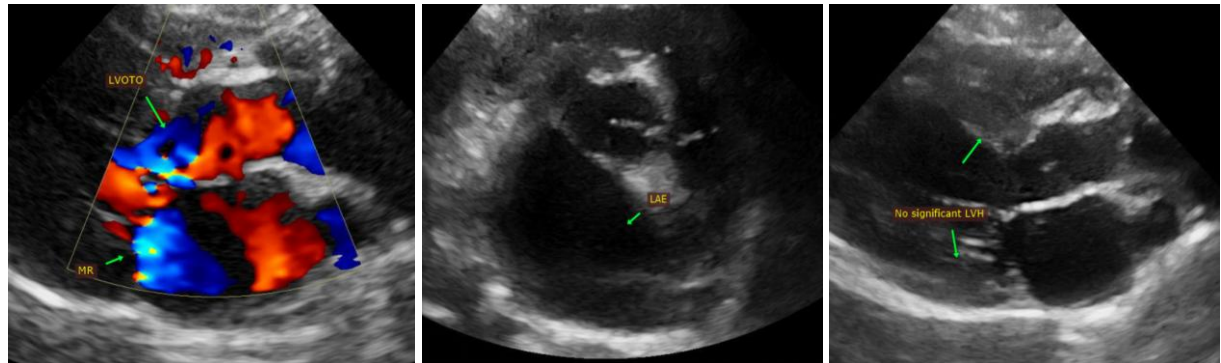
2/19/26

Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.). Prognosis is guarded due to progression seen here. There is risk for CHF, blood clot events and/or sudden death going forward. Close monitoring for progression of LA dilation in the future will help determine long term prognosis.

Anesthetic risk is considered moderate, 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. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

Recommend recheck echocardiogram in 6-12 months, sooner if clinical issues arise in the interim.

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



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