



**PATIENT**

Tabby Burke

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11.10 years

**WEIGHT**

7.40lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Amanda Crook, SDEP

**HOSPITAL NAME**

River Edge Pet Medical  
Center

**REFERRING VET**

Dr. Young

**INVOICE**

47058

**DATE**

3/2/26

**PRESENTING CLINICAL SIGNS**

History: Presented 2/16 for anorexia & L facial swelling, significant gingivitis surround/behind 208, painful when palpated. No oral masses seen. Significant periodontal disease and calculus on all maxillary premolars. Treated with Convenia, meloxicam, buprenorphine. Presented today 3/2 for dental and extractions, swelling has resolved. Grade 3/6 murmur on pre-op exam, not noted at last exam or any previous exam. History of hyperthyroidism, controlled with methimazole 2.5mg BID.BP: 146mmHg. Preop ECG showed sinus bradycardia with an LAD. Abnormal PE/Chem/CBC/UA Results: CBC/chem 10 - hct 29.8%, crea 0.7; otherwise all WNL.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild focal septal thickening and a borderline normal free wall. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in appearance with trace MR. No TR. Blood flow through the RVOT is normal. The blood flow through the LVOT is mildly elevated with a dynamic profile. Trivial AI. Aortic root is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	3.4		0.62	1.35	0.57	48	92
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(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>
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	1.12	1.2	1.3		2.8	1.1	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**

The cause of the murmur is an LVOT obstruction secondary to abnormal valve motion, resulting in mild MR. The LV is abnormal, with mild focal septal hypertrophy, which should be monitored going forward as these findings may suggest early HOCM. The LA is normal, and no additional issues are identified.

Given these findings, no medications are indicated. Should the degree of hypertrophy worsen, or a more significant obstruction be identified, Atenolol may be recommended in the future pending further heart rate assessment.



## PATIENT

Prognosis is guarded prior to assessing for progression.

Tabby Burke

## SPECIES

Anesthetic risk is considered mild. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, 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.

Feline

## BREED

DSH

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

## SEX

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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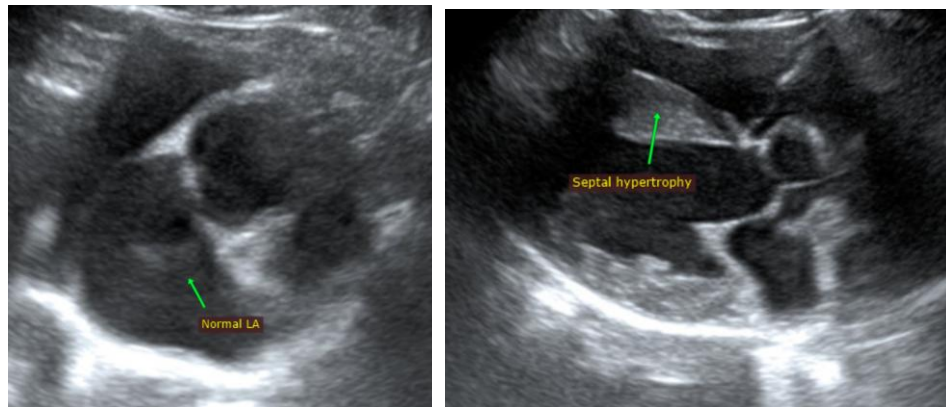
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## IMAGES



**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.

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