



**PATIENT**

Talisker Igelsrud

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

9.11 years

**WEIGHT**

13.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Melinda Persson, DVM

**HOSPITAL NAME**

At Home Veterinary

**REFERRING VET**

Dr. Persson

**INVOICE**

47132

**DATE**

3/5/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Clopidogrel 18.75mg SID, Pimobendan 1.25mg BID.

-Pertinent previous echo findings (8/16/2025 MML): Suspect UCM. Mild to moderate biatrial enlargement, borderline LVH (0.52/0.55cm), LA: 1.6.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension with regions of remodeling. Adequate systolic function. No LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic. The mitral valve appears normal with no mitral regurgitation. The left atrium is mild to moderately dilated and bulbous in appearance. No obvious smoke in the left atrium. The right atrium is mildly dilated. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through the LVOT is normal in velocity. A mild dynamic obstruction is seen in the RVOT. No pericardial effusion seen. No pleural effusion. 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>	5.9	NM	0.57	1.46	0.57	47	85
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>
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	1.6	1.6		0.8	1.2	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i></p> <p>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, findings are similar. Biatrial dilation is similar to previous without obvious progression. The LV wall thickness remains borderline without significant hypertrophy developing. No additional issues are seen.

Given these findings, continue two medications as prescribed. No obvious indication for additional treatment.



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Prognosis remains guarded with risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

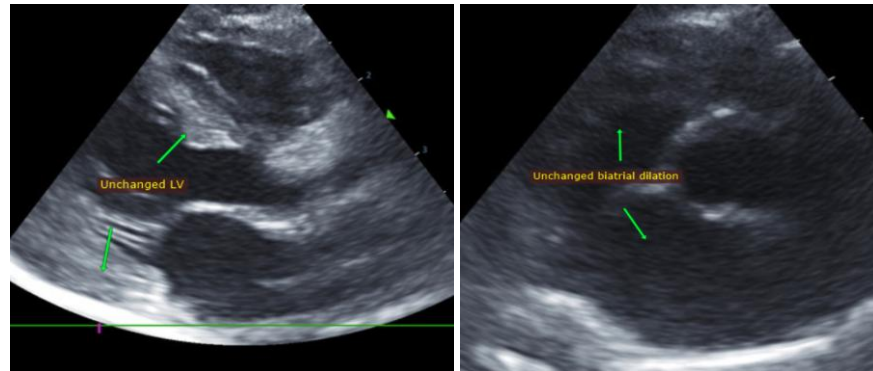
Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance

## PLAN

Baseline BP. Continue Plavix and Pimobendan as previously described.

A recheck echocardiogram is recommended in 6-12 months to assess progression.

## 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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