



PATIENT

Linus Keith'a Kitty
Rescue

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessican Bailes, DVM

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic

REFERRING VET

Dr. Bailes

INVOICE

47595

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Grade 4/6 heart murmur. On Atenolol 6.25mg PO q24h, Fluoxetine 2.5mg PO q24h.

-Pertinent previous echo findings (2/2025 MML): PV max: 3.8, mild RHE, trace TR; remainder NSF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV walls are normal. The tricuspid valve appears normal in form and function with trace tricuspid regurgitation present. Mild right atrial dilation. Mild RV hypertrophy with overall prominence. Moderate elevation of pulmonic outflow velocities is identified. The valve is difficult to visualize in this image set. Mild post-stenotic dilation of the main pulmonary artery and branches. Mild PI. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are visualized. No pericardial or pleural effusion noted.

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	4.9	NM	0.48	1.4	0.48	51	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>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.3	1.1		0.9	3.8	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 stable findings. Pulmonic stenosis persists; however, the degree of right heart enlargement is minimal and the obstruction unchanged. The left heart is normal, and no additional issues are seen.

Given these findings, continue Atenolol as prescribed ensuring the stressed heart rate remains <160bpm.

If needed, anesthetic risk is considered mild, however judicious IV fluid rates are advised avoid fluid overload. Pre-oxygenate for 5 minutes prior to induction. Drugs that stimulate heart rate



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should be avoided unless clinically necessary (glycopyrrolate, atropine). Monitor heart rate, BP, ECG carefully and intervene as necessary.

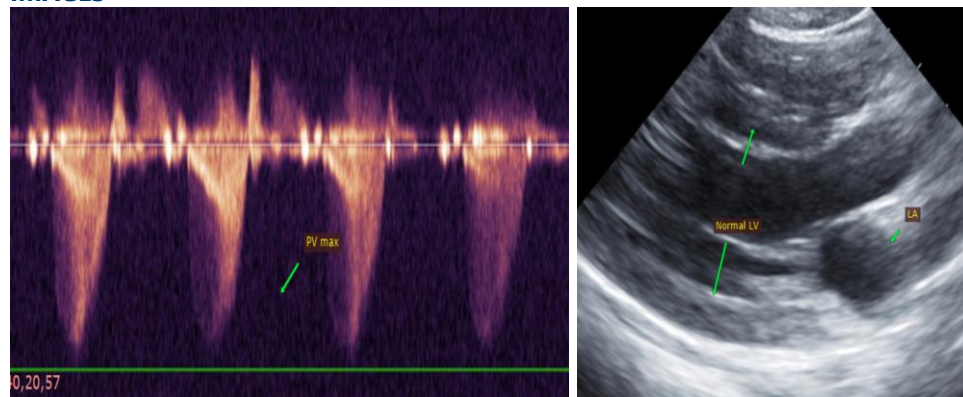
Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised.

PLAN

Continue Atenolol as prescribed.

Recommend recheck echocardiogram every 12-18 months, sooner if clinical signs 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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