



**PATIENT**

Percy Barber

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

2.6 years

**WEIGHT**

15.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Karen Ebersole,  
DVM, DABVP

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 4/6 heart murmur. No clinical signs. Sedated with Gabapentin.

-Current medications: Atenolol 6.25mg BID.

-Pertinent previous echo findings (12/2022 MML): Asymmetric LVH with mild septal thickening, mild LAE, SAM, LVOT: 3.6, mild to moderate MR. IVSd: 0.67, LVWd: 0.58.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild septal thickening and a borderline free wall dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present with secondary mild to moderate MR. Significantly elevated LVOT velocity (dynamic profile). 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) (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	6.9	206	0.72	1.5	0.54	58	90
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	1.1	1.4	1.4		1.7	1.0	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.

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Norman

**INVOICE**

30714

**DATE**

5/10/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Compared to the prior study findings are similar. Mild to moderate LVH is unchanged with stable left atrial enlargement. The LVOTO appears slightly increased; however, the resting heart rate is persistently elevated. A dose increase in Atenolol may be warranted. Mild left atrial enlargement suggests risk for complication is low. No additional issues are identified.

Recommend reassess heart rate, if persistently >160bpm a dose increase in Atenolol should be considered. No additional medications are warranted.



## PATIENT

Percy Barber

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

2.6 years

## WEIGHT

15.2lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Karen Ebersole,  
DVM, DABVP

## HOSPITAL NAME

Scanvet

## REFERRING VET

Dr. Norman

## INVOICE

30714

## DATE

5/10/23

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 (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

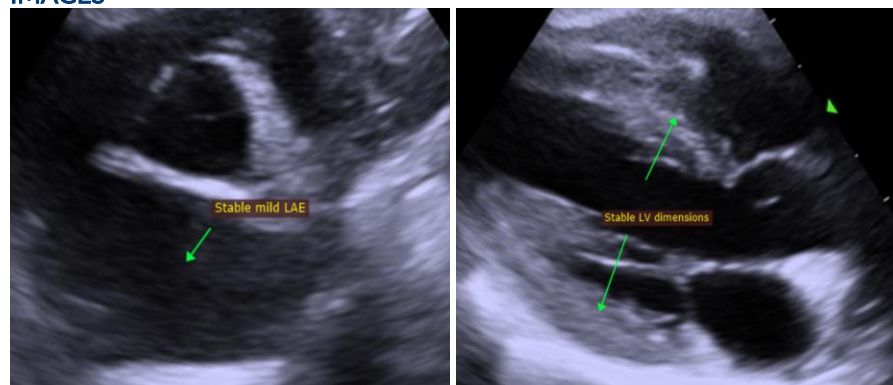
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

## PLAN

Screening BP/T4. If heart rate is persistently >160bpm, consider a dose increase in Atenolol to 12.5mg am, 6.25mg pm and assess response.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues 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  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com