



**PATIENT**

Eddie Fraser

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

6.2 years

**WEIGHT**

10lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Brian Barnes, DVM

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

Dr. Barnes

**INVOICE**

32358

**DATE**

8/15/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 2-3/6 heart murmur. Doing well. BP: 107mmHg. Sedate with Ace, Torb and Ketmine.

-Current medications: Atenolol 6.25mg BID.

-Pertinent previous echo findings (1/2023 MML): Minimal LVH (0.61/0.60), mild LAE (1.4), SAM with moderate MR, trace TR.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is minimally hypertrophied. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. 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. Systolic anterior motion (SAM) of the mitral valve is noted on 2D and color flow imaging; however, aortic outflow velocity is normal. There is moderate eccentric mitral regurgitation present secondary to SAM. Normal velocity Trace TR. Normal velocity. No other significant 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	4.5	NM	0.61	1.4	0.62	50	85
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 (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.6	1.2	1.3		1.9	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.*

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Compared to the prior study, findings are similar. The LV wall thickness remains increased with mild stable LA dilation. The LVOTO/MR are similar to previous. No additional issues are identified.

Given these findings, continue atenolol as prescribed, with no additional medications indicated at this time. BP and T4 should be monitored every 6 months.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). 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 (ketamine, glycopyrrolate, atropine).



**PATIENT**

Eddie Fraser

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

6.2 years

**WEIGHT**

10lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING  
PERFORMED BY**

Brian Barnes, DVM

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

Dr. Barnes

**INVOICE**

32358

**DATE**

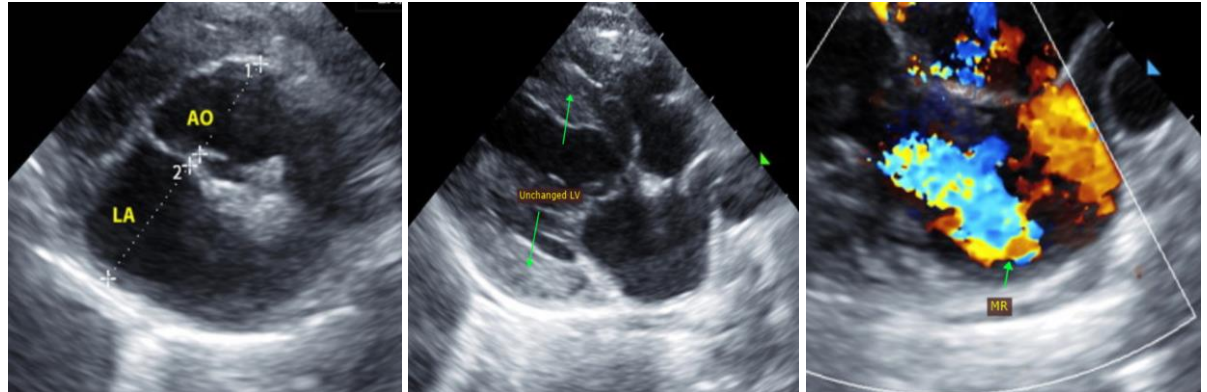
8/15/23

**PLAN**

Continue atenolol. Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6-12 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