



**PATIENT**

Charlie Rawles

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

8.6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Rotal Veterinary  
 Hospital

**REFERRING VET**

Dr. Jaffrey

**INVOICE**

46406

**DATE**

1/13/26

**PRESENTING CLINICAL SIGNS**

History: Weight loss despite eating good. Very active. History of heart murmur (grade 2-3) and kidney disease. On Felimazole 5mg BID (just started), Semintra 4mg/ml. Elevated BNP.  
 -Abnormal PE/Chem/CBC/UA Results: BNP: >600, BUN 17.1, Creatinine 63 Urine Specific gravity 1019

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
 Slight cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. No LV hypertrophy is seen. The LV is slightly dilated. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is slight left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity (dynamic profile). There is mild eccentric mitral regurgitation present secondary to SAM. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No cardiac tumors visualized.

**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	3.9	200	0.48	1.7	0.48	52	86
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	1.5	1.5	1.4		2.0	1.3	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**

Mild abnormalities are identified. First, the LA and LV are both slightly enlarged, which is likely secondary to reported hyperthyroidism. No LV hypertrophy is seen ruling out typical hypertrophic disease. The murmur appears to be due to a mild LVOT obstruction with secondary MR. No additional issues are seen.

What is seen here is suspected to be secondary to thyroid disease as thyroid control was just recently initiated. My hope is these findings will improve as the thyroid normalizes; however, monitoring is advised. No medications are clearly indicated at this time.

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



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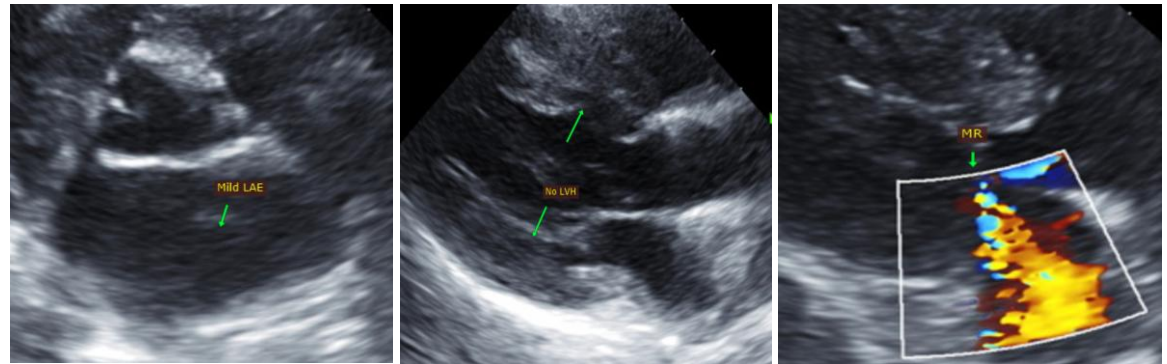
Anesthesia is not advised until the thyroid is controlled, and the cardiac dimensions and function are reassessed in 6 months.

**PLAN**

No medications are indicated.

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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

Maggie Machen Lamy, DVM  
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