



PATIENT

Winston Arnoul

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1.9 years

WEIGHT

10.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Dr. Ertunc

INVOICE

46471

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: New grade 5/6 grade heart murmur. Asymptomatic.

ECHOCARDIOGRAM FINDINGS

Limited right-sided images are obtained. Spectral nor color doppler are used adequately. The left ventricular wall thickness is largely normal with slight basilar thickening. The LV chamber is normal with adequate function. The papillary muscles appear normal. The right ventricle is normal. There is no obvious left atrial enlargement present. The right heart is not well visualized. SAM is suspected on 2D imaging; however, the region is not assessed adequately. The mitral valve is potentially slightly elongated. Trace eccentric mitral regurgitation present. There is no

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	4.9		0.61	1.25	0.61	47	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	NM	1.2	1.1		NM	NM	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

The suspected diagnosis is mild mitral valve dysplasia; however, this is speculative. LV hypertrophy is minimal and the LA is normal. Without adequate use of spectral and color doppler, these findings are difficult to confirm and referral should be considered.

Given these findings, I would not utilize Atenolol at this time. Monitoring is advised going forward. Prognosis is guarded long-term with low risk for complication at this time.

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

Anesthetic risk is considered mild. **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. Additionally, steroids should be used with caution, although risk for complication is relatively low. Any cat can experience acute intolerance and monitoring of breathing rates is advised.



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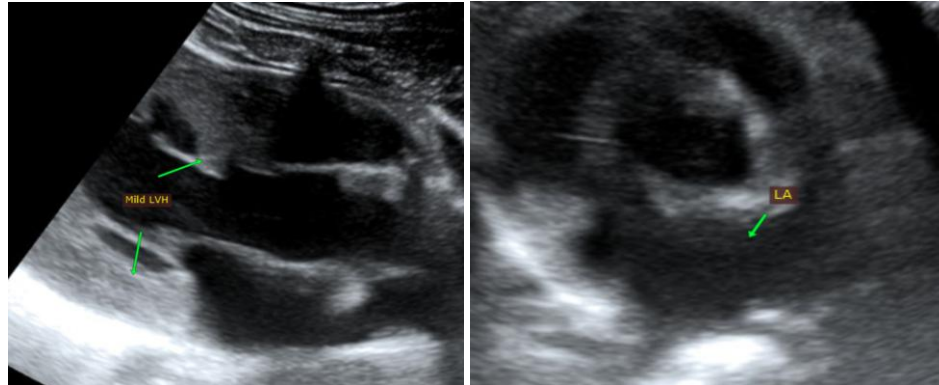
1/15/26

PLAN

Consider referral for a more thorough evaluation.

If declined, recommend recheck echocardiogram in 1 year to assess for any progressive changes ideally using spectral and color doppler, as well as left-sided imaging.

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.

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