

PATIENT

Bandit McLean

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

17 years

WEIGHT

8.8lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

East Plains Animal
 Hospital

REFERRING VET

Dr. Cumming

INVOICE

46517

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History: Chronic weight loss and poor appetite. Chronic grade 3/6 murmur. Elevated BNP. Newly documented elevated BP: 220-240mmHg.
 -Abnormal PE/Chem/CBC/UA Results: elevated fpli - 11.6, mild elevation in SDMA - 18, BNP: 251

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness appears normal with a sigmoid septum. No significant hypertrophy is visualized. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. Trace AI. Dilated aortic root. No effusions. No obvious cardiac tumors.

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	4.0	150	0.46	1.1	0.42	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	1.2	1.1	1.0		0.9	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

Overtly normal geriatric cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e. secondary to tachycardia, volume changes, etc.). A dilated aortic root is noted with a small aortic insufficiency noted and the BP should be reevaluated as below.

Given these findings and a normal LA dimension, no cardiac medications are indicated.

The reported BP is elevated and is concerning in light of mild aortic insufficiency. If thought to be an accurate reading (i.e. independent of stress level), treatment with Amlodipine may be warranted. Otherwise, reassess the reading prior to medicating. Consider an IM consultation if difficult to control.



PATIENT

Bandit McLean

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

17 years

WEIGHT

8.8lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

East Plains Animal
 Hospital

REFERRING VET

Dr. Cumming

INVOICE

46517

DATE

1/21/26

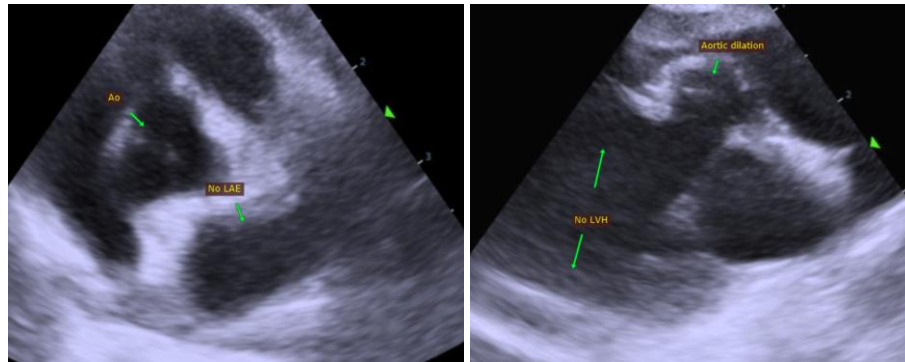
No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which may be the case; however, alternative causes for elevation should be considered, including **decreased renal clearance, hypertension**, etc. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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