**PATIENT**

Sophie Smith

SPECIES

Feline

BREED

Munchkin

SEX

Female Spayed

AGE

1 year

WEIGHT

7.1lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**IMAGING
PERFORMED BY**Loetitia Saint-Jacques,
LVT**HOSPITAL NAME**Best Friends Animal
Clinic**REFERRING VET**

Dr. Weaver

INVOICE

46538

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History: Grade II/IV L heart murmur and a distended abdomen. U/S did not show any free fluid but may have seen concerning structure.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The papillary muscles are normal in size. The endocardium appears normal. 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. Normal flow through both the RVOT and LVOT. No TR. No AI or PI. No pleural or pericardial effusion seen. No congenital shunts are visualized.

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	3.2		0.42	1.5	0.44	49	84
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.1	1.0		1.2	1.1	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 cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious congenital issues are documented. No cause for the murmur is clearly identified, suggesting a physiologic origin is likely. That being said, if the murmur persists without a diagnosis, referral to a local Cardiologist is always recommended.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

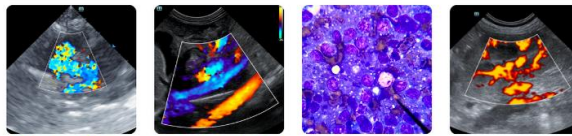
No cardiac contraindication for general anesthesia at this time.

Recommend recheck echocardiogram at 1 year of age.

Imaging
performed by



Best Friends Animal Welfare Sonography, Inc.
pawsonography@gmail.com
530-786-8340



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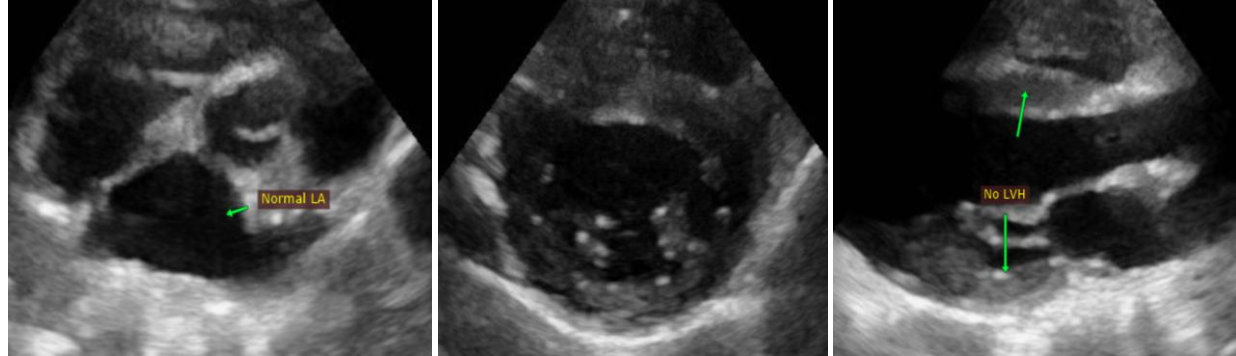
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IMAGES



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
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