



PATIENT

Winston Steinle

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

5.3kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

46521

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History: HX of acute unilateral hind limb lameness. Acute onset left pelvic limb paresis; "dropping" left hip, abnormal gait, leaning against wall. Occasional front paw sliding; all limbs appeared weak at times. No known trauma witnessed; possible jump from bed/counter. Increased vocalization (meowing); not typical for patient.

Abnormal PE/Chem/CBC/UA Results: Femoral pulses asymmetric; diminished/absent pulse in left pelvic limb, normal in right pelvic limb; Abdomen is tensed; Musculoskeletal: Left pelvic limb paresis, hip drop, abnormal ambulation, leans against wall, occasional sliding and mild ataxia in front limbs, gastrocnemius and caudal thigh muscles tight in left pelvic limb; R/O aortic thrombosis, underlying heart disease, open Lactate LH 2.6, RH 2.2; Potassium 3.4, NEU 1.12, RDWc 28.1

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and limited doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through the RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	5	NM	0.40	1.3	0.43	55	86
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	NM	1.2	1.2		NM	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 geriatric cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Flow through the great vessels is normal, and no significant valve regurgitation is identified.

Given these findings, no medications are indicated. Prognosis is good from a cardiac standpoint.

These findings would suggest a cardiogenic thrombus is unlikely to be the cause of the current clinical issues. Further workup is advised as dictated by the clinical picture (BP assessment, neuro consult, abdominal work up, etc).



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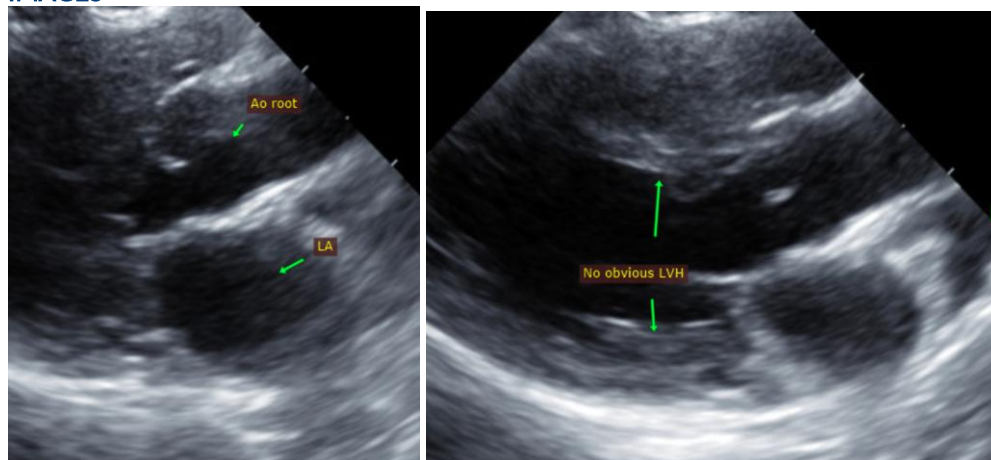
DATE

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Anesthetic risk is considered mild. Risk for complication with steroid use or fluid administration typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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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