



**PATIENT**

Little Cat Herbez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

17 years

**WEIGHT**

9.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Ryan Leal, DVM

**HOSPITAL NAME**

Wellesley Animal  
Hospital

**REFERRING VET**

Dr. Godwin

**INVOICE**

46622

**DATE**

1/29/26

**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 heart murmur. Gallop rhythm. Elevated BNP. BP: 125mmHg. Started on Plavix. CKD. Sedated with Gabapentin. ECG: no arrhythmias seen.  
-Abnormal PE/Chem/CBC/UA Results: CBC: Mono 0.7k (H), Eos 1.8k (H), remainder WNL. Chem: SDMA 16, Creat 2.1, BUN 39, Alb 2.5 (L), Globe 3.5, T4: 2.2 HWT: negative. BNP: 1005

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity and remodeling. Borderline LV dilation with mildly adequate myocardial function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic. The mitral valve is normal with no MR. The left atrium is mild to moderately dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. 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	4.4	NM	0.41	1.2	0.42	45	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	1.5	1.4		0.6	0.6	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of LA enlargement in the face of normal LV wall thickness is most consistent with Restrictive/Unclassified Cardiomyopathy (RCM). Mild to moderate left atrial dilation is present, suggesting there may be risk for complication going forward. No additional issues are identified. No cause for the murmur is seen in this study, making it likely physiologic in origin.

Regardless of categorical classification, the finding of any degree of left atrial dilation confers risk for progression in the future and medications should be considered. If tolerated, Plavix is reasonable to continue. No additional medications are necessary at this time.

The long-term prognosis given the totality of the findings is guarded; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future.



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Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

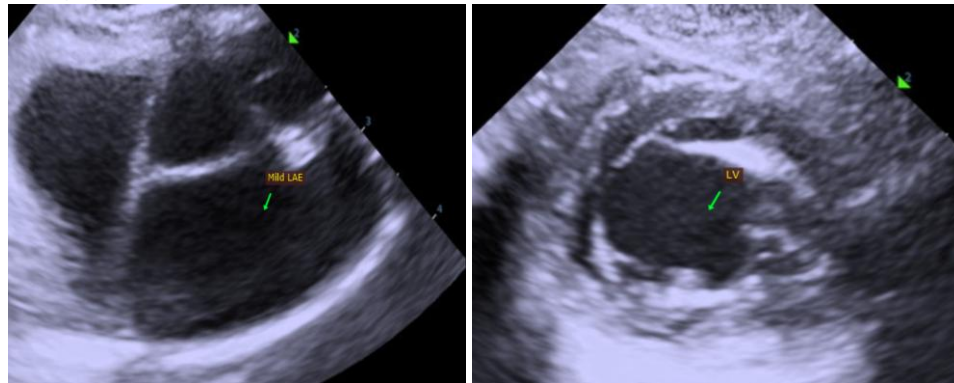
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

## PLAN

Consider Pimobendan as discussed 1.25mg PO q12h. Baseline BP recommended. Continue Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

A recheck echocardiogram is recommended in 6 months to assess progression.

## 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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