



DATE PRESENTING CLINICAL SIGNS

1.29.26 History: Recheck echo. HR: 212, Grade III-IV/VI systolic murmur
 Since July 2025 cat has had recurrent diarrhea and mild weight loss. Her BW has showed recurrent significant leukocytosis characterized by neutrophilia both of which significantly decrease but never completely normalize when cat is treated with Clavamox. Her chemistry SDMA, Creat and USG are consistent w/ stg 2 IRIS renal insuff.

PATIENT

Milla Contractor

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

1.1.09

WEIGHT

7.6lbs

Reassess due to concern for endocarditis, assess safety of using steroids.
 -Pertinent abnormal PE/Chem/CBC/UA Results (12-10-25): WBC 18,400 mildly incr was 15,400 (WNL), neuts 11776 mildly incr was 10,164. Chemistry: SDMA 23.4 (significantly elevated), was 14.4, Creatinine 1.6 (high normal) was 1.3, BUN 25 (WNL) was 21, PO4 3.3 (WNL). Blood Glucose: 164 WNL. T4: 1.9 (WNL). UA: USG 1.025 was 1.037, pH 6.5, Protein 1+, Sediment: Benign. SDMA of 23.4 w/ USG of 1.025 is consistent w/ Stg II IRIS renal insuff. 1+ prot w/ USG of 1.025.
 -Current medications: Veraflox (pradofloxacin) PO q24h, Amlodipine (as Besylate) 2.5mg/ml, 0.5ml by PO q12h, Clavamox PO, Visbiome
 -Sedation used: Not required to complete full diagnostic ultrasound.
 -Pertinent previous ultrasound results (5/5/24 MML): nsf with mild LAE; 1.4
 -STAT: Not requested.
 -Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled, mildly hypertrophied papillary muscles. The left atrium is mildly dilated. No MR. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is mildly elevated and turbulent with a dynamic profile. No PI or AI. No effusions or obvious cardiac tumors identified.

INTERPRETED BY CARDIAC CHART

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Docside Veterinary
Medical Center

REFERRING VET

Dr. Tierney

INVOICE

46625

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.4	NM	0.50	1.3	0.48	67	96
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	1.4	1.4		1.8	>2	NM

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

Stable findings. The LA remains mildly dilated; however, no progression is seen. The LV is unremarkable, and the murmur remains benign. No evidence of endocarditis or other pathology at this time.

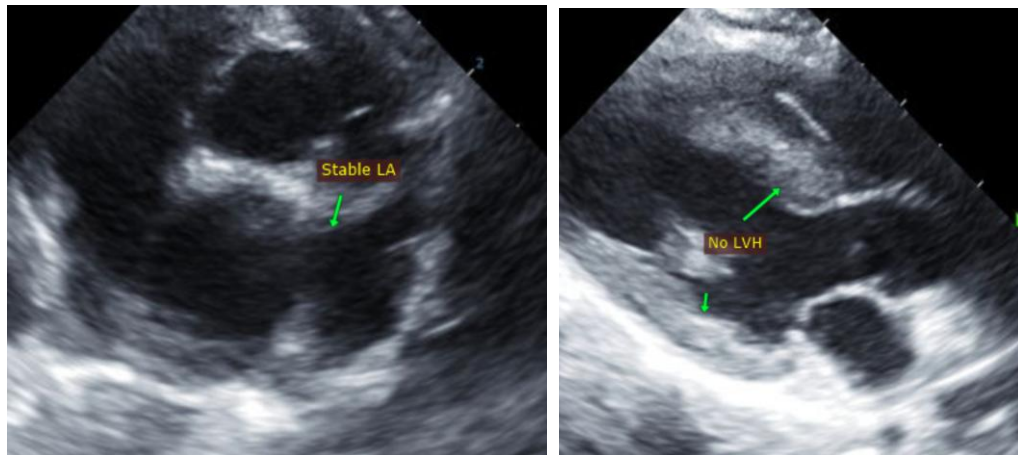
Given these findings, no medications are indicated. Prognosis is guarded prior to assessing for progression.

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' heart can develop evidence of intolerance and fluid retention.**

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

A recheck echocardiogram is recommended in 6-12 months to screen for progressive LA dilation, sooner if clinical signs arise.

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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