



**PATIENT**

Mochi Ha

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Female Spayed

**AGE**

4 years

**WEIGHT**

8.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS, RTR

**HOSPITAL NAME**

Silverado Veterinary  
Hospital

**REFERRING VET**

Dr. Marahar

**INVOICE**

46638

**DATE**

1/30/26

**PRESENTING CLINICAL SIGNS**

History: Labored breathing/panting. Sedated with Torb.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is normal with no dilation appreciated. Mild LV dysfunction. There is a mildly hyperechoic endocardium consistent with mild fibrosis. 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. Trace MR. Normal flow through both the RVOT and LVOT. Trace TR. Mild AI and trace PI. No pleural or pericardial effusion seen. 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	NM	0.42	1.38	0.39	35	68
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	1.2	1.0		0.7	0.7	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**

Mild abnormalities are identified in this study. First, trace/mild leaks are associated with all four valves. The aortic insufficiency is most significant, and a baseline BP is recommended. MR/TR are of little hemodynamic consequence. Additionally, the LV function does appear mildly depressed. While mild sedation with used, this is unlikely to result in this appearance. The relevance of this is unknown (rule out early restrictive disease versus normal variant versus other) and simple monitoring is advised. No additional pathology is appreciated and the LA is normal suggesting low risk for complication.

These findings would suggest CHF is ruled out as the cause for labored breathing. CXR should be obtained for further evaluation.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed) 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. Avoid Alpha-2 Agonist in this patient.



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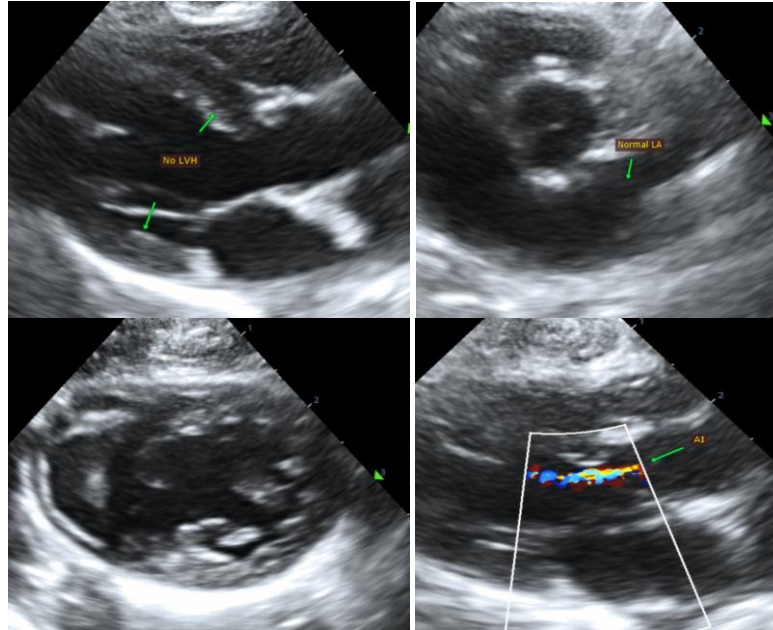
1/30/26

## PLAN

Further workup for labored breathing as discussed.

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop in the interim.

## 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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