



**PATIENT**

Wmilie Bevis

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Female Spayed

**AGE**

16 years

**WEIGHT**

10lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

East Credit Veterinary  
 Hospital

**REFERRING VET**

Dr. Webster

**INVOICE**

46312

**DATE**

1/6/26

**PRESENTING CLINICAL SIGNS**

History: Acute onset of severe ataxia and imbalance. A similar, but much less severe, episode occurred approximately 6 months ago. It lasted for about 12 hours and then resolved completely. The patient is severely ataxic and exhibits a consistent, preferential turn to the right. A heart murmur has been present since she was a kitten. It was first detected during an emergency visit for lily ingestion. An echocardiogram at that time deemed her heart stable enough for IV fluids despite the murmur. No vomiting, diarrhea, coughing, or sneezing reported. No known exposure to toxins or medications. A grade III/VI heart murmur is audible. Pulses are strong and synchronous. Normal bronchovesicular sounds bilaterally. BP: WNL.

-Current Medications Prednisolone 2.5mg q2days, Clopidogrel 18.75mg UID started Dec. 30/25

**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 and remodeling. The papillary muscles appear mildly remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. Trace tricuspid regurgitation. The mitral valve is normal in structure and mobility. No mitral regurgitation. Blood flow through the RVOT is mildly elevated in velocity, likely secondary to tachycardia creating a benign outflow tract obstruction. Blood flow through the LVOT appears normal with no evidence of obstruction. No evidence of cardiac tumors or metastatic lesions on this scan. No pericardial or pleural effusion.

**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	4.5	200	0.45	1.38	0.42	56	89
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	1.3	1.1	1.0		1.2	2.6	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**

The only cause of a murmur identified is a heart rate dependent flow obstruction through the right ventricular outflow tract (DRVOTO), which is a physiologic finding (i.e. benign and of little clinical significance). This type of flow murmur will wax and wane secondary to tachycardia and volume changes. There is however a significant amount of LV remodeling and fibrosis, which may be indicative of early pathology or simply represent a normal variant. Regardless, the left atrial dimension is normal, and there is minimal risk for complication at this time. Serial echocardiography will be necessary to determine progression and clinical relevance in the future.



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These findings would suggest the clinical ataxia is certainly noncardiogenic in origin. Further workup is advised. From a cardiac standpoint, Plavix can be discontinued.

**SPECIES**

Feline

Given these findings, no medications are indicated at this time. Prognosis is open.

**BREED**

DMH

If needed, the risk for general anesthesia is low. Even without significant pathology, with ventricular remodeling and diastolic stiffening there is a mildly elevated risk for fluid overload. Judicious IV fluid use is recommended. Additionally, a screening blood pressure is recommended in any cat prior to general anesthesia.

**SEX**

Female Spayed

Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is low. That said, any cat can experience acute intolerance and monitoring for this phenomenon is always advised (a change in RR/RE, particularly during the initiation phase).

**AGE**

16 years

Recommend recheck echocardiogram in 1 year to assess for progression or development of disease the pre-existing murmur may mask.

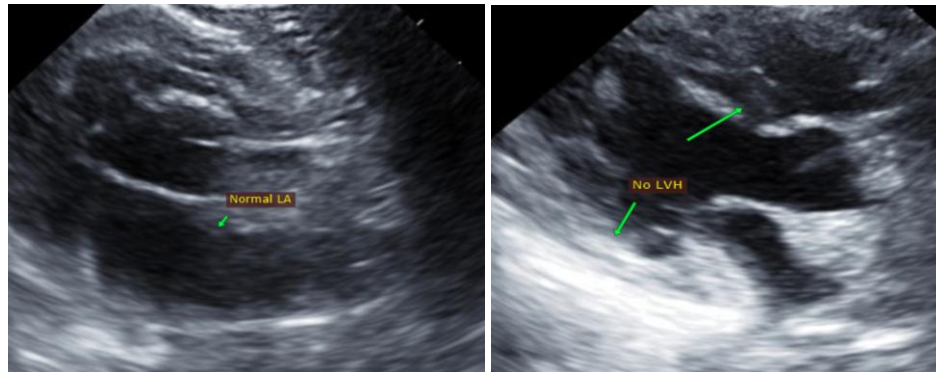
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**IMAGES**

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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.

**HOSPITAL NAME**

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Hospital

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.

**REFERRING VET**

Dr. Webster

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