



DATE PRESENTING CLINICAL SIGNS

11.11.25 History: Recheck echo. Progressive grade III/VI systolic murmur PMI parasternal on L. Hyperthyroidism.
-Pertinent abnormal PE/Chem/CBC/UA Results (4/2025): CBC: elevated MCH (17.1), monocytosis (0.542).
CHEM: WNL. UA: cysto, usg 1.050, pH 7.0, 1+ protein, negative debris. T4: 1.3 WNL.

PATIENT

Chloe Stypula -Current medications: Felimazole 2.5mg; 1 tab in AM 2 tab in PM
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (1/3/23 MML): Normal/remodeling DRVOTO.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

1.1.09

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Breidenbaugh

INVOICE

45707

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

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.3	NM	0.40	1.3	0.46	62	90
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	1.3	1.2	1.0	2.2	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

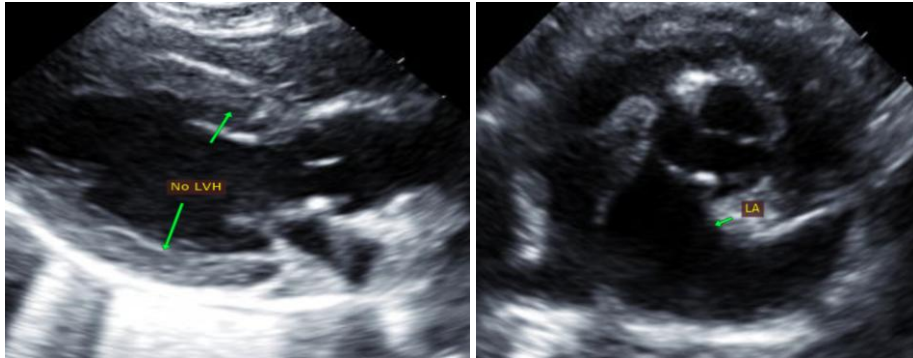
Compared to the prior study, findings are similar with no significant pathology appreciated. The murmur remains benign in origin due to a dynamic RVOT obstruction. No LV hypertrophy or LA dilation have developed.

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

If needed, the risk for general anesthesia is low. Risk for complication with steroid use 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 progression or development of disease the pre-existing murmur may mask.

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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