

**PATIENT**

Frisco Church

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

16lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital  
 Newton Conover

**REFERRING VET**

Dr. Sechrist

**INVOICE**

45716

**DATE**

11/12/25

**PRESENTING CLINICAL SIGNS**

History: Elevated BNP: 1330.

**ECHOCARDIOGRAM FINDINGS**

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

**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	7.3	156	0.43	1.8	0.54	43	80
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	1.5		0.8	0.8	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 abnormalities identified are mild LA and LV dilation. There is no evidence of significant hypertrophy ruling out typical hypertrophic disease. No other significant findings are identified. These abnormalities may suggest early unclassified disease (particularly in light of BNP elevation); however, monitoring for progression is advised. No additional pathology is appreciated. The ECG is unremarkable with a normal sinus tachycardia.

Given these findings, no medications are indicated as risk for complication at this time is low. Prognosis is guarded long-term until progression is assessed.

Anesthetic risk is considered mildly elevated if needed, 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).

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 months to screen for progressive LA dilation, sooner if any issues arise in the interim.



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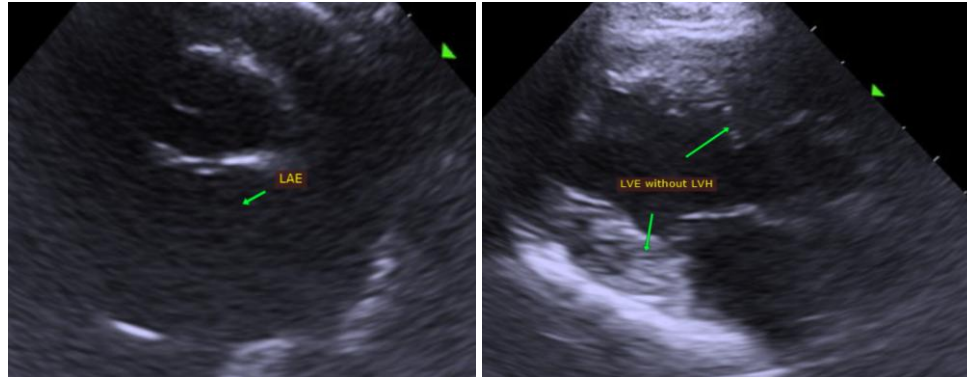
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**IMAGES**



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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