



PATIENT

Theia Morris

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Meghan Morse LVT,
 CVT

HOSPITAL NAME

Rondout Valley
 Veterinary Associates

REFERRING VET

Dr. Hartelius

INVOICE

45738

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Labored breathing, extreme fatigue following Depomedrol injection. Severe dyspnea, increased lung sounds w/ rattle and squeak, absent femoral pulses.

-Current medications: Furosemide 6.25mg BID, Plavix 75mg, Depomedrol 11/11/25 for dermatitis, was asymptomatic at that time.

Abnormal PE/Chem/CBC/UA Results: Chem: BUN 70, Crea 3.3, Glu 254, K 3.2, ALb 4.7, TP 10.2 U/A ; glucose and trace protein USG >1.050

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through both the LVOT and RVOT is normal in velocity. 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	4.4	NM	0.55	1.1	0.55	48	90
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	1.4	1.2	1.3		0.8	0.6	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

Overtly normal geriatric cardiac structure and function. The LV wall thickness is borderline normal, which is likely secondary to volume depletion in this azotemic patient. Regardless, what is seen here is minimal and there is low risk for complication. The LA is normal and no additional issues are seen.

These findings would suggest the respiratory signs are certainly non-cardiogenic in origin.

Primary respiratory issues should be considered. Steroid administration can lead to acute fluid intolerance; however, these cases typically show some degree of LA dilation in the acute phase making this less likely. Finally, a possible PTE is mentioned in the history, which is difficult to rule out on 2D ultrasound. Highly recommend a Radiologist review of the films and/or a thoracic CT scan for further evaluation. Based upon what is seen here, Lasix can be safely discontinued and rehydration should be instituted.



PATIENT

Given these findings, no medications are indicated.

Theia Morris

Anesthesia is not advised at this time.

SPECIES

PLAN

Feline

Consider CXR review, thoracic CT scan, etc. Further workup for respiratory issues is suggested. Discontinue Lasix and Plavix.

BREED

Recommend recheck echocardiogram in 1 year to screen for any progressive issues.

DSH

IMAGES

SEX

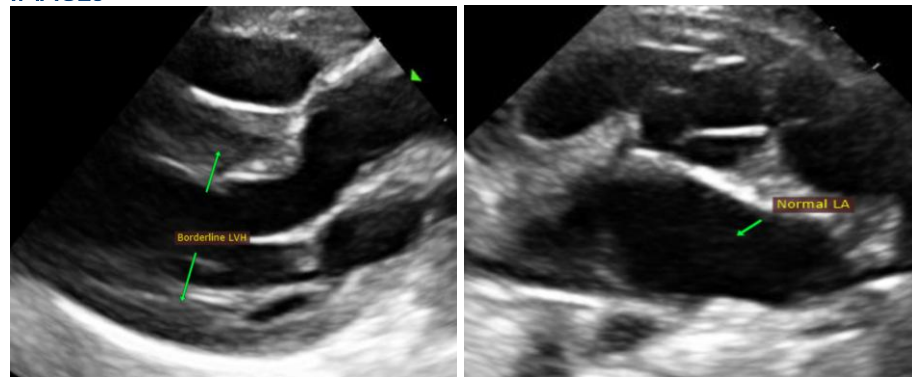
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

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