



PATIENT

Patches Tash

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5 years

WEIGHT

5.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Galindo

INVOICE

45757

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. History of FIV positive and stomatitis. Assess prior to anesthesia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a mild septal bulge. There is a mildly hyperechoic endocardium consistent with age-related fibrosis. Mild remodeling. The papillary muscles are hyperechoic. 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. No MR. The tricuspid valve appears normal in structure and mobility. Mild TR. Velocity consistent with early pulmonary hypertension. Mild MPA prominence. Blood flow through both the LVOT and RVOT are normal in velocity. No AI. No effusions. 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	2.5	NM	0.60	1.4	0.41	65	94
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	1.4	1.5		1.9	1.0	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 exam. First, there is a mild focal septal hypertrophy, in addition to mild LV remodeling. This may be indicative of early hypertrophic disease or may simply represent a normal variant. A baseline BP is recommended. Despite this, the LA is normal which would indicate clinical stability. Additionally, mild TR is present with an elevated velocity. This is consistent with mild pulmonary hypertension, which is of unknown significance in a cat without respiratory disease. Simple monitoring is advised. No additional issues are seen.

Given these findings, no medications are indicated. Atenolol is not recommended without a significant LVOT obstruction.

Prognosis is open prior to assessing for progression.

No contraindication for general anesthesia from a cardiac standpoint.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).



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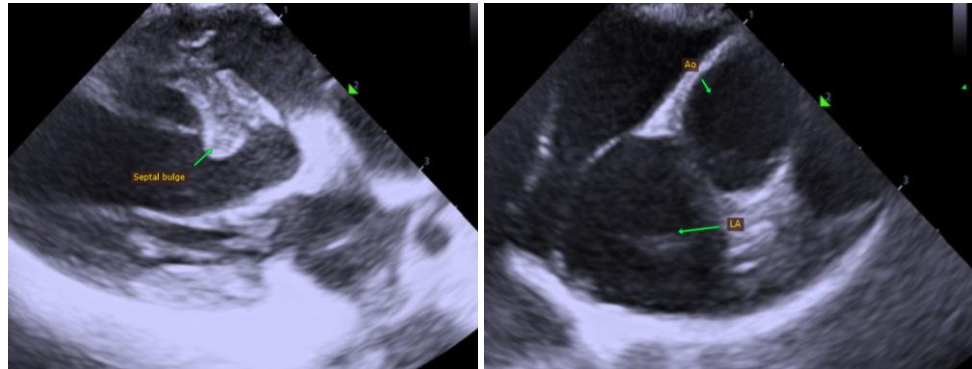
11/14/25

PLAN

Baseline BP is recommended.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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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