



PATIENT

Boi Kola

SPECIES

Feline

BREED

Exotic SH

SEX

Male Neutered

AGE

2 years

WEIGHT

11.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Meredith Swart, DVM

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

INVOICE

45769

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Seen at ER on 11/11 for coughing and tachypnea. CXR showed diffuse bronchointerstitial pattern, which is a non-specific finding but could be infectious, allergic or represent pulmonary edema. Moderate left sided cardiomegaly was also described. A murmur was not audible at that time, possibly due to tachypnea. It was auscultated today. Started on antibiotics for possible infectious cause. Presented on Friday for increased tachypnea and started on Lasix 12.5mg 1/2-tab BID over the weekend. He was stable today for echo, but tachypnea still observed while he was resting in his cage.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased with mild remodeling. The LVOT velocity is increased with a dynamic profile consistent with SAM. The anterior mitral valve leaflet is difficult to visualize; however, dysplasia is suspected. The LV diameter is normal. Mild papillary muscle remodeling. The left atrium is moderately increased in diameter. No obvious smoke or thrombi. The right atrium is normal in size. The right ventricle appears normal. There is mild eccentric mitral regurgitation present. No TR. Blood flow through the RVOT is normal in velocity. No evidence of cardiac tumors or metastatic lesions on this scan.

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	5.2	NM	0.70	1.2	0.73	53	87
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	2.2	1.8	1.8		3.8	1.4	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 presumptive diagnosis and cause of the murmur is mitral valve dysplasia leading to LV hypertrophy, an obstructive LVOT flow pattern and secondary MR. Secondary to this phenomenon, moderate LA dilation has developed, indicating risk for complication is elevated. No additional structural issues are noted at this time.

Even with significant disease, it is unclear at this time if the symptoms are due to CHF. The initial CXR report was somewhat non-specific, and suggested concurrent airway disease is likely. If the patient responded to diuretics, it is reasonable to continue the medication going forward, in addition to Plavix therapy. Atenolol is not recommended, given the current situation and potential bronchoconstrictive side effects. Repeat CXR may be helpful for comparison, given the history.



PATIENT

Boi Kola

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Long term prognosis is guarded, given the highly variable nature of subclinical feline cardiomyopathy.

SPECIES

Feline

Elective anesthesia is not advised.

BREED

Exotic SH

PLAN

Consider repeat CXR, baseline BP and T4. Institute Clopidogrel (Plavix) 75mg tabs, Give ¼ tab PO q24 h (NOTE: This medication is very bitter along the cut edge and may cause oral foaming). Continue Lasix 1-2mg/kg PO q12h.

SEX

Male Neutered

Monitor renal values and BP in 1-2 weeks, then every 3-4 month lifelong while on diuretics.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

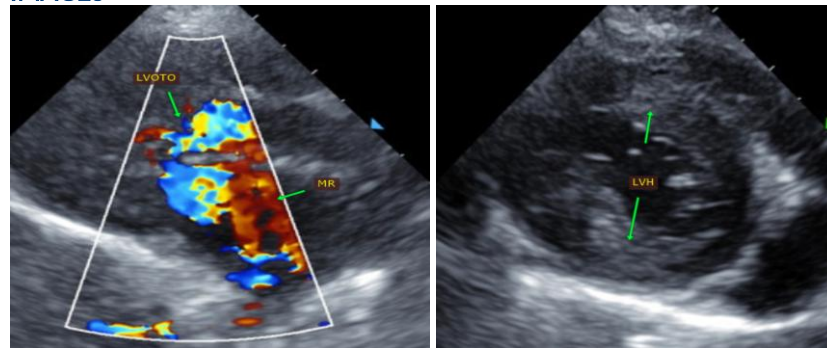
AGE

2 years

IMAGES

WEIGHT

11.5lbs



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Meredith Swart, DVM

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.

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

INVOICE

45769

DATE

11/17/25