



DATE PRESENTING CLINICAL SIGNS

11.17.25

PATIENT

Jonesy Johnston

SPECIES

Feline

BREED

Maine Coon

SEX

MN

AGE

10.4.12

WEIGHT

18.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. DelFavero

INVOICE

45773

History: Presented on 10/16 for wellness. P noted some weight loss but recently got 3 new kittens so unsure if stress was the cause (though normal appetite). CBC/Ch/T4 unremarkable/WNL. P also presented on 11/4 for raspy cough/hacking. P had lost 2lb since 10/16 visit despite still good appetite. No diarrhea, but p will vomit if he eats his food too fast. Chest rads on 11/4 show 2-3 "doughnuts", so poss. asthma. Started on Theophylline and antibiotics. Abdominal rads on 11/4 showed large amount of gas in stomach and SI, but otherwise unremarkable. No murmur. Assess prior to steroids.

- Pertinent abnormal PE/Chem/CBC/UA Results: Lab work attached.
- Current medications: DOXYCYCLINE 100MG/ML 5mg/kg BID, THEOPHYLLINE 50MG/ML 4.25mg/kg BID
- Sedation used: Torbugesic.
- Pertinent previous ultrasound results: No previous.
- STAT: Not requested.
- Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and 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 obvious valve regurgitation. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	8.5	NM	0.47	1.4	0.48	43	78
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	1.3	1.2	1.0	0.9	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

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Flow through the great vessels is normal, and no significant valve regurgitation is identified.

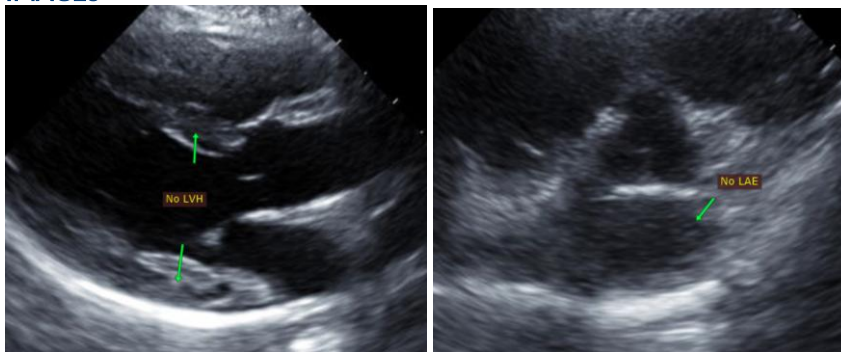
Given these findings, no medications are indicated. Prognosis is good.

These findings would certainly suggest a cough is non-cardiogenic in origin. Follow up and treatment should be dictated by the CXR evaluation.

Anesthetic risk is considered mild. Risk for complication with steroid use or fluid administration 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 any progressive issues.

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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