



**PATIENT**

Chico Taylor

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

14.3lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Village Cat Clinic  
 Ancaster

**REFERRING VET**

Dr. Dudley

**INVOICE**

45812

**DATE**

11/18/25

**PRESENTING CLINICAL SIGNS**

History: Anorexia and lethargy for past 3-4 days. Pulse: 126bpm Respiration: 48bpm at rest. Increased respiratory effort noted. Lethargic. Mildly dehydrated. Prednisone 15mg/mL liquid, dose was reduced from 0.2mL to 0.1mL 1 week ago.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. Possible mild cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS** \*image quality limited by increased soft tissue within the thorax/pericardial space

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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.5	140	0.52	1.5	0.50	47	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.2	1.2	1.2		0.9	0.9	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 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. It is worth noting that this patient has increased soft tissue opacity within the pericardial space and thorax in general which impedes image quality. This can often be seen with overweight animals as a normal finding; however, consider a Radiologist review of 3-view films to ensure no pathology is suspected.

These findings would suggest a cardiac component to a breathing change is unlikely. Follow up as dictated by the CXR report.



**PATIENT**

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

**SPECIES**

Feline

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.

**BREED**

DSH

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

**SEX**

Male Neutered

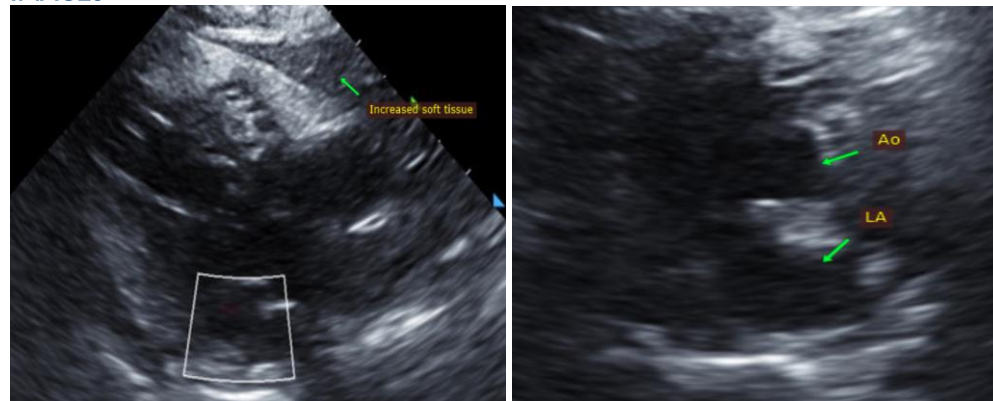
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**IMAGES**



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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.

**IMAGING PERFORMED BY**

Crystal Hill, RVT

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**

Village Cat Clinic  
Ancaster

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