



PATIENT

Lovie Guth

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

11.92lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cole England, DVM

HOSPITAL NAME

Blue Cross Animal
Clinic

REFERRING VET

Dr. Pauly

INVOICE

45823

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2-3/6 heart murmur. New intermittent cough. Sedated with Torb, Alfaxalone and Gabapentin.

-Pertinent previous echo findings (5/2024 KB): Mild MR, normal LA, borderline LVH (0.50/0.57cm). Rule out early HCM versus normal; remainder NSF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with borderline dimensions overall. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled 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. Trivial MR. No TR. 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	5.3	NM	0.57	1.1	0.58	60	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	1.0	0.7	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

Compared to the prior study, findings are similar, which is good news given the time frame. The LV wall thickness remains borderline with no significant hypertrophy appreciated. Routine BP and T4 monitoring is advised. The LA is normal, and no pathology is identified. No cause for the murmur is identified suggesting a physiologic origin is likely.

Given these findings, the cough remains noncardiogenic in origin. CXR are recommended.

No medications are indicated.

Anesthetic risk is mild; however, any cat may be at risk for iatrogenic IV fluid overload should they be needed in the future. No obvious contraindication for steroid use at this time.

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

A recheck echocardiogram is recommended in 1 year to screen for any evidence of progression.



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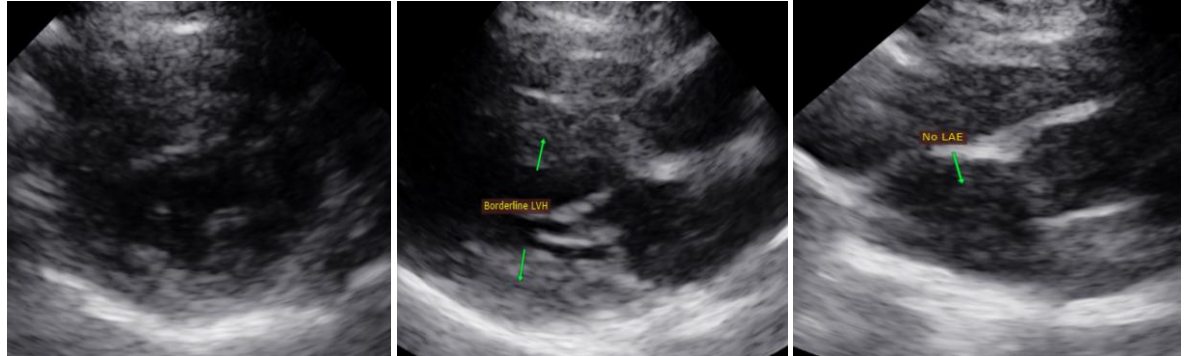
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IMAGES



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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