

PATIENT

Charlie Beechinor

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

17 years

WEIGHT

16lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Dover Animal Hospital

REFERRING VET

Dr. Rodger

INVOICE

45939

DATE

12/1/25

PRESENTING CLINICAL SIGNS

History: New patient, heart murmur noted since Oct 2022. In Oct 2024 murmur was grade 3/6 and was also diagnosed with hyperthyroidism and started Felimazole. Nov 14, 2024, T4 regulated and no murmur was present HR 164. Nov 21/25 presented for open mouth breathing, mild dyspnea and grade 3/6 heart murmur. Thoracic rads performed and started on Furosemide 20mg BID. Recheck Nov 21 owner reported that Charlie seemed better but didn't think that the Furosemide was lasting long enough. On PE that day noted some muscle loss, grade 2/6 murmur, HR 164. BW showed T4 76, increased UREA and low USG. Change diet to early renal.

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

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 age-related fibrosis. Mild remodeling. The papillary muscles are hyperechoic yet normal in size. 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 or SAM identified. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No AI/PI seen. 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	7.3	190	0.45	1.5	0.45	58	90
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	1.5	1.4	1.4	2.0	1.5	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. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause for the murmur is identified in this study, making it likely physiologic in origin (i.e. secondary to tachycardia, volume changes, etc.).

These findings would suggest CHF is highly unlikely in this case. A Radiologist review of the films is strongly recommended.



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Given these findings and a normal LA dimension, no medications are indicated. Lasix is likely unnecessary, particularly at this high of a dose, and this medication should be discontinued. Prognosis is open.

SPECIES

Feline

No cardiac contraindication for general anesthesia. Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is low. That said, any cat can experience acute intolerance and monitoring for this phenomenon is always advised (a change in RR/RE, particularly during the initiation phase).

BREED

DMH

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

SEX

Male Neutered

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

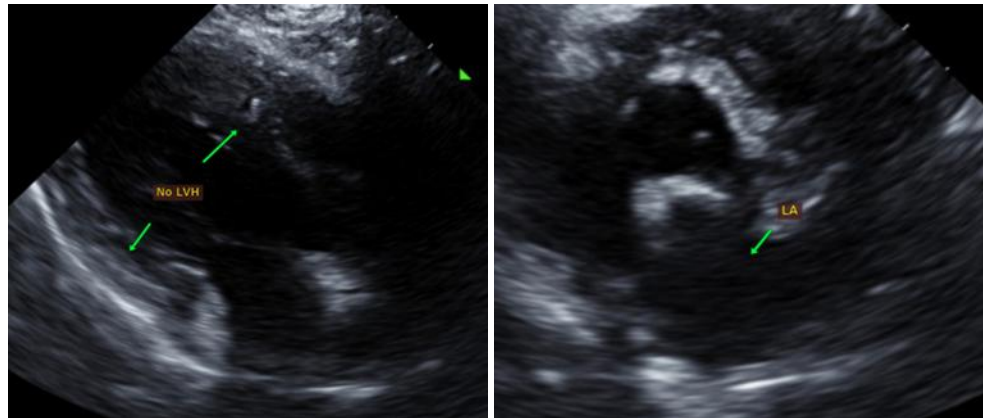
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Dover Animal Hospital

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.

REFERRING VET

Dr. Rodger

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