



PATIENT

Kevin Bertnyk

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4.5 years

WEIGHT

12.1lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Village Centre Animal
 Hospital

REFERRING VET

Dr. Kunnath

INVOICE

46122

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. On Clopidogrel Topical 0.1ml Daily.
 -Pertinent previous echo findings (4/2025 MML): HCM mild. LA: 1.6cm, LV: 0.72cm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is mildly increased with regions of irregularity. The LV is mildly dilated with depressed myocardial function. There is a mildly hyperechoic endocardium. Moderate symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. 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 | 5.4 | 190 | 0.65 | 1.7 | 0.65 | 30 | 47 |
| 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 | 1.75 | 1.75 | | 0.9 | 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

Unfortunately, this study does show evidence of progression. The LV wall thickness is actually decreased comparatively with worsening LV function. Likely reflects myocardial failure. The LA is also progressively dilated, although no significant smoke is seen. No additional issues are identified.

Given these findings, certainly continuing Plavix is recommended going forward. Additionally, Pimobendan is also suggested as below. Prognosis is guarded long-term with risk for complication going forward.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

Anesthesia is not advised.



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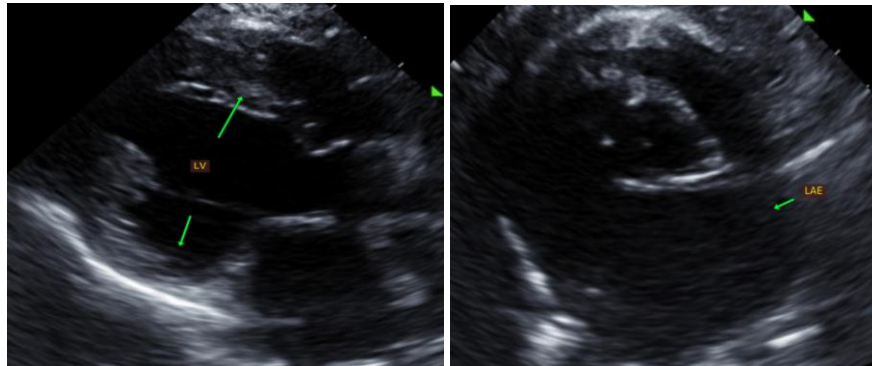
12/10/25

PLAN

A screening blood pressure and T4 are recommended, then every 6 months lifelong. Continue Plavix as prescribed. Institute Pimobendan 1.25mg BID.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com