



**PATIENT**

Mickey Hannon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

~13lbs

**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 heart murmur. Syncopal episodes. Elevated BNP.

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 174bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. Rare VPCs are noted, singles only. No APCs, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with rare isolated VPCs.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a mildly hyperechoic endocardium. The papillary muscles appear mildly remodeled. The left atrium is normal in size. The MV is normal in appearance with no systolic anterior motion seen. Trace MR. Blood flow through the LVOT appears normal with no evidence of obstruction. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. No tricuspid regurgitation. Blood flow through the RVOT is mildly elevated in velocity, likely secondary to tachycardia creating a benign outflow tract obstruction. No evidence of cardiac tumors or metastatic lesions on this scan.

**CARDIAC CHART**

**INTERPRETED BY**  
Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**  
A. Nicastro, DVM

**HOSPITAL NAME**  
Animal Hospital of  
South Carolina

**REFERRING VET**  
Dr. Stone

**INVOICE**  
46128

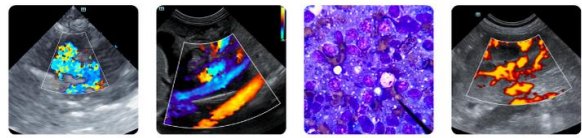
**DATE**  
12/10/25

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	5.9	NM	0.48	1.4	0.47	47	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	1.2	1.2	1.1		1.0	1.9	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**

The only cause of a murmur identified is a heart rate dependent flow obstruction through the right ventricle (DRVOTO), which is a physiologic finding (i.e., benign and of little clinical significance). This type of flow murmur will wax and wane secondary to tachycardia and volume changes. There is mild LV remodeling and fibrosis, which is likely a normal age-related finding. Regardless, the left atrial dimension is normal, and there is minimal risk for complication at this time. No additional abnormalities are seen.

The ECG is largely normal with rare VPCs identified. Given a lack of significant structural disease, these may be due to stress or reflect some ancillary systemic pathology. Further workup may be warranted. No treatment is indicated based upon what is seen here.



**PATIENT**

Mickey Hannon

A cause for syncope is not identified in this image set. Further historical information, such as the situational component of the episodes may be helpful to determine seizure versus syncope. If syncope is still considered more likely, further workup, including BP assessment, holter monitor, etc. can all be considered.

**SPECIES**

Feline

Given these findings, no medications are indicated at this time. Prognosis is good, without significant pathology seen.

**BREED**

DSH

No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which may be the case as other alternative causes for elevation have been considered, making this the likely scenario. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

**SEX**

Male Neutered

If needed, the risk for general anesthesia is low. Risk for complication with steroid use 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.

**AGE**

14 years

**PLAN**

Baseline BP and T4 are recommended. Consider systemic/neurologic evaluation due to reported syncopal episodes.

**WEIGHT**

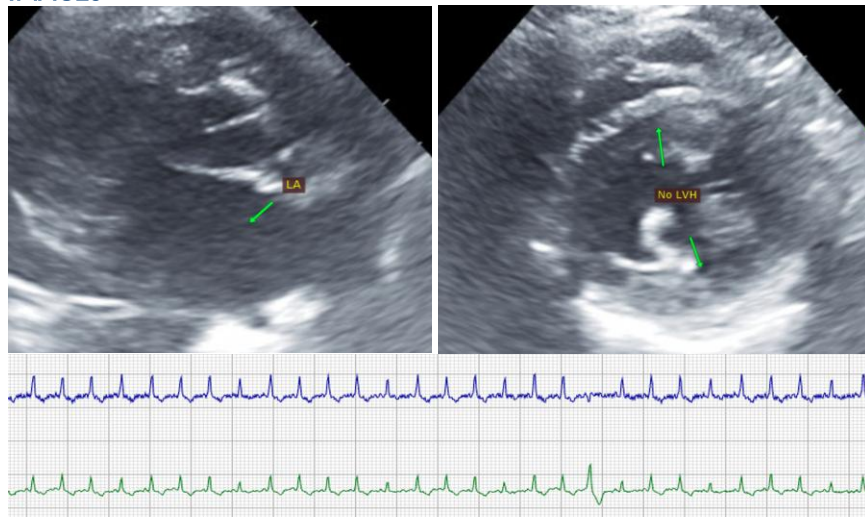
~13lbs

Recommend recheck echocardiogram in 6-12 months to assess for progression or development of disease the pre-existing murmur may mask.

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Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**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.

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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