



PATIENT

Spoon Obert

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

2 years

WEIGHT

11.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessican Bailes, DVM

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic

REFERRING VET

Dr. Bailes

INVOICE

46148

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: History of stage B1 MVD diagnosed 6 months ago. Grade 3/6 heart murmur. Doing well.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with no significant hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis and mild ventricular remodeling. The right ventricle is normal. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is suspected, although difficult to visualize consistently. The anterior leaflet of the MV is mildly elongated and thickened, consistent with dysplasia. There is moderate eccentric secondary mitral regurgitation present. No TR. The LVOT velocity is normal. There is no pericardial effusion noted. No pleural effusion appreciated.

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	5.2	NM	0.50	1.5	0.45	52	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	1.4	1.4	1.3		1.4	1.1	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 cause of the murmur is mitral valve dysplasia and moderate mitral regurgitation. The obstruction appears minimal, suggesting this is likely of little significance. The MR on the other hand is moderate and leading to volume overload over time. The LA is normal suggesting low risk for complication. No additional issues are identified.

Given these findings, no medications are indicated. Serial monitoring is advised to determine progression in the future.

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

Long term prognosis is guarded given the age of the patient and highly variable nature of asymptomatic feline heart disease. Many cats will remain asymptomatic until mid-life or beyond. Close monitoring for progression of LA dilation in the future will help determine long term prognosis.



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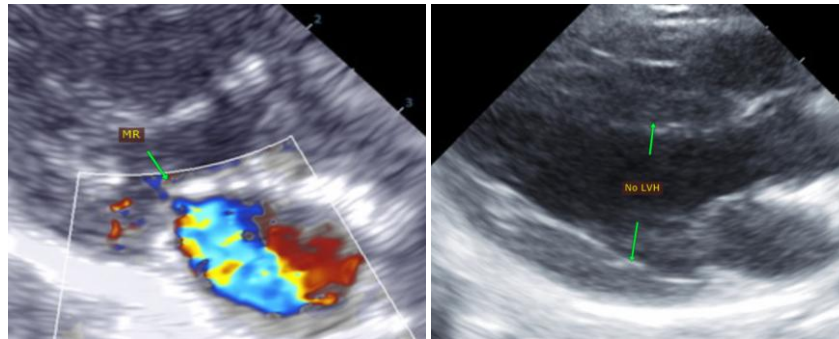
DATE

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Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, **drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine)**. Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution in cats, as even a 'normal' heart can develop evidence of intolerance and fluid retention.

Recommend recheck echocardiogram annually, sooner if clinical issues arise.

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.

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