



DATE PRESENTING CLINICAL SIGNS

12.15.25 History: Grade 3/6 murmur. Elevated BNP.
-Pertinent abnormal PE/Chem/CBC/UA Results: Elevated BNP; rest of labs WNL.
-Current medications: None listed.

PATIENT -Sedation used: Declined. Would need sedation for better imaging.

Lileth Best -Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Andi Parkinson, BS, RDMS.

SPECIES ECHOCARDIOGRAM FINDINGS

Feline 2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly 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 with trace MR. No TR. Blood flow through the RVOT is normal. The blood flow through the LVOT is mildly elevated secondary to systolic anterior motion of the mitral valve. Trivial AI. Aortic root is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors

FS CARDIAC CHART

AGE

6.1.15

WEIGHT

9.48lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Chadha

INVOICE

46201

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.3	190	0.48	1.3	0.48	62	92
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	1.3	1.3		2.3	1.0	NM

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 an LVOT obstruction with trace secondary MR. The LV is largely normal with no evidence of significant hypertrophy and monitoring is advised. These findings may suggest early HOCM; however, a normal stress-related variant cannot be ruled out. The LA is normal, and no additional issues are identified. Trace aortic insufficiency is noted, and a baseline BP is recommended.

Given these findings, no medications are indicated. Should the degree of hypertrophy worsen, Atenolol may be recommended in the future.

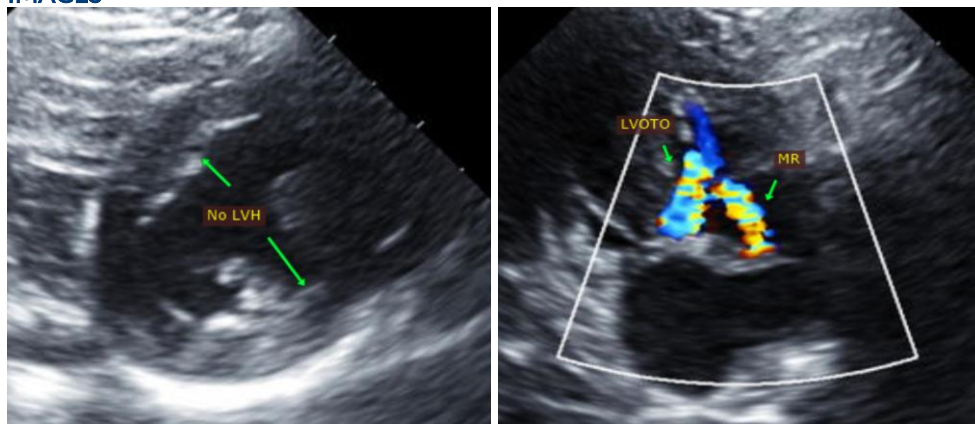
Prognosis is guarded prior to assessing for progression.

Anesthetic risk is considered mild. Additionally, steroids should be used with caution in general, as even a 'normal' heart can develop evidence of intolerance and fluid retention.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Prognosis is guarded prior to assessing for progression.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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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