



DATE PRESENTING CLINICAL SIGNS

12.16.25

PATIENT

Frankie Warble

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

1.1.12

WEIGHT

7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Cat Sense Feline
Hospital

REFERRING VET

Dr. Sinclair

INVOICE

46215

History: Recheck echo. Weight loss; 2lbs since 2024. Foul-smelling soft stool. On PE, his intestines feel extremely thickened and ropey. Intestinal neoplasia is suspected.
-Pertinent abnormal PE/Chem/CBC/UA Results: Lab work pending.
-Current medications: Starting on proviable paste and capsules
-Sedation used: Torbugesic.
-Pertinent previous ultrasound results (3/22/24 MML): Normal/remodeling. Unknown murmur origin.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

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 diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. The LA is slightly enlarged. The RA is slightly enlarged. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. The tricuspid valve appears normal in structure and mobility. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.2	NM	0.46	1.6	0.40	54	87
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.4	1.3.5		1.0	1.5	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

Compared to the prior study, findings are largely similar. The LV wall thickness remains normal with no hypertrophy appreciated. Of some concern, both atria do have a slightly prominent appearance and continued monitoring is advised. The murmur remains benign in origin and no additional issues are seen.

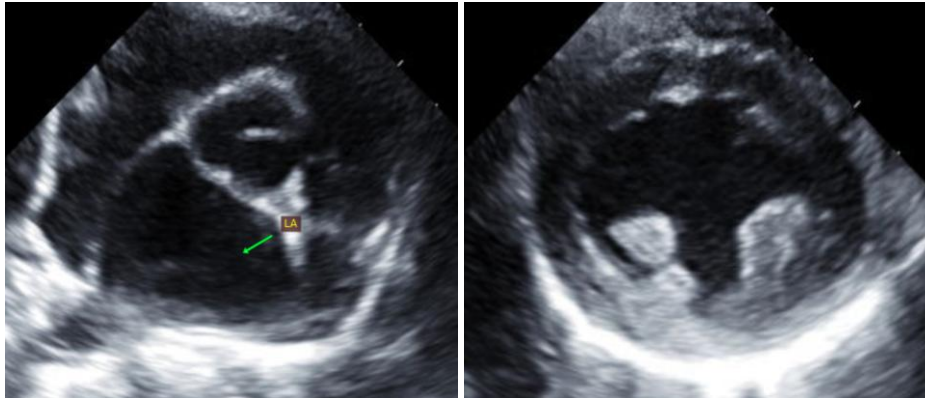
Given these findings, no medications are indicated. Prognosis is open.

No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

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

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

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