



DATE PRESENTING CLINICAL SIGNS

12.16.25

History: Elevated BNP.
-Current medications: None listed.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

PATIENT

Sammy Voinier

SPECIES ECHOCARDIOGRAM FINDINGS

Feline

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 consistent with fibrosis. The endocardium also appears remodeled. False tendon. Normal LV diameter borderline LV dysfunction. The left atrium is normal in dimension; however, appears bulbous. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. No MR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

BREED

DSH

SEX

MN

CARDIAC CHART

AGE

10.27.11

WEIGHT

8lbs

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	3.6	NM	0.45	1.5	0.48	42	77
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	1.4	1.3		0.9	0.6	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.

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

46214

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild abnormalities are identified, including a remodeled LV with increased false tendons and borderline systolic dysfunction. No evidence of significant hypertrophy ruling out typical hypertrophic disease. No other significant findings are identified. The LA is normal, suggesting low risk for complication. These abnormalities may be consistent with early restrictive disease (RCM) and monitoring for progression is advised. That being said, in a geriatric cat, this is of unknown clinical significance.

No cardiac medications are clearly indicated. Any development of LA enlargement will certainly warrant Pimobendan going forward. Prognosis is guarded prior to assessing for progression.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

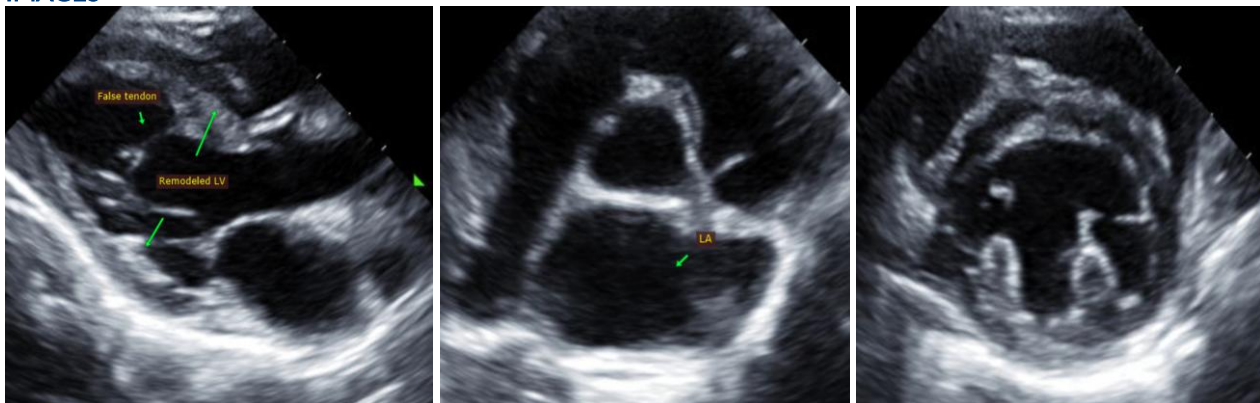
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Baseline BP is recommended.

A recheck echocardiogram is recommended in 6 months to screen for progressive LA dilation, sooner if any clinical 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.

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