



PATIENT

Wolfie Warrior

SPECIES

Feline

BREED

DLH

SEX

Male Intact

AGE

7 months

WEIGHT

8.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Kind Care Animal
Hospital

REFERRING VET

Dr. Stengel

INVOICE

46235

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Grade 2-3/6 heart murmur. Felv/FIV/HW: negative. Labs: NSF. Assess prior to anesthesia for neuter.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. The endocardium appears mildly remodeled. The anterior leaflet of the MV appears mildly elongated and thickened. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the RVOT is normal. Blood flow through the LVOT is normal on spectral doppler; however, SAM is seen on 2D imaging. Trace/mild mitral regurgitation. Normal velocity. Trace TR. Normal velocity. No AI or PI. There is no pleural or pericardial effusion seen. There are 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.9	NM	0.43	1.3	0.43	50	86
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.2	1.0		1.5	0.8	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, likely leading to a mild dynamic LVOT obstruction and secondary MR. Fortunately, there is no evidence of hemodynamic significance at this time, with normal LV wall dimensions and a normal left atrium. Monitoring is advised going forward.

In patients with a persistent LVOT obstruction and an elevated pressure gradient, a beta blocker is often prescribed to lower heart rate and decrease the gradient. In this patient with a mild obstruction and a normal left atrial dimension/no LVH, no medications are clearly indicated.

Unless the episodes are occurring with significant exertion/heart rate stimulation, these findings are unlikely to be related to the episodes. Consider other possible causes.

Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction.



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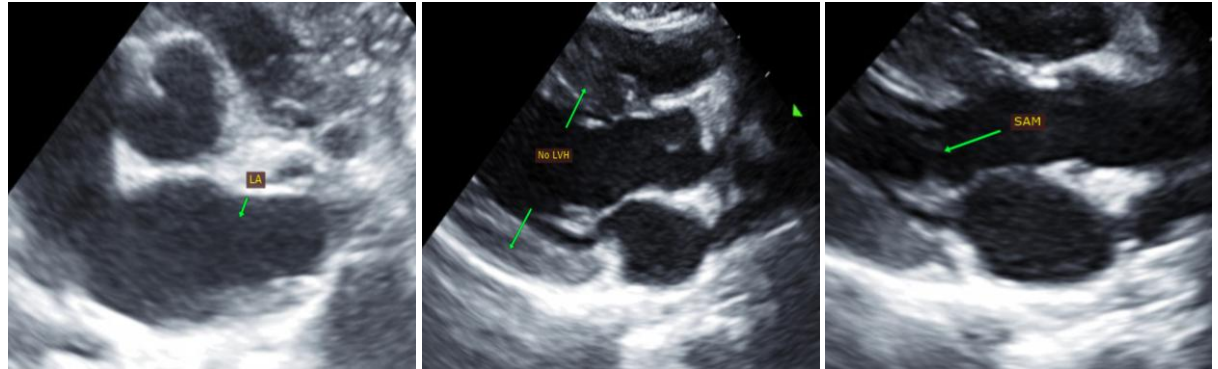
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A recheck echocardiogram is recommended in 12 months, sooner if any clinical signs arise.

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.

Maggie Machen Lamy, DVM
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