



PATIENT

Odette Turner

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

14.11 years

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sammi Fuller, DVM

HOSPITAL NAME

Hart Family Veterinary
Clinic

REFERRING VET

Dr. Fuller

INVOICE

45987

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: No murmur. No arrhythmia; however, has had episodes of collapse. 2/14 fell over on side from sitting position and seemed absent for few seconds. 3/3 fell off desk. 3/4 sick vomited and hid; wasn't herself that day. 1 hour later, back to normal. 4/15 got worked up, jumped away then staggered into wall and bounced into wall staring again then back to normal. BP: 126mmHg. ECG/CXR: normal. Sedated with Gabapentin. Labs: CBC, Chem 12, T4/SDMA WNL.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s. The average heart rate is 160bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive.

No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and 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 in structure and mobility. No obvious valve regurgitation. Blood flow through the LVOT is normal in velocity. Aortic root is prominent. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	4.7	NM	0.45	1.2	0.45	47	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	NM	1.3	1.3	1.1	NM	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

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Flow through the great vessels is normal, and no significant valve regurgitation is



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identified. The aortic root is prominent; however, the reported BP is normal. Monitoring is advised. The ECG is unremarkable with a normal sinus rhythm.

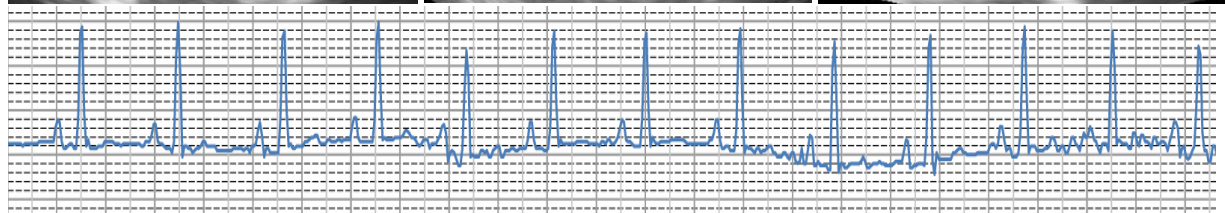
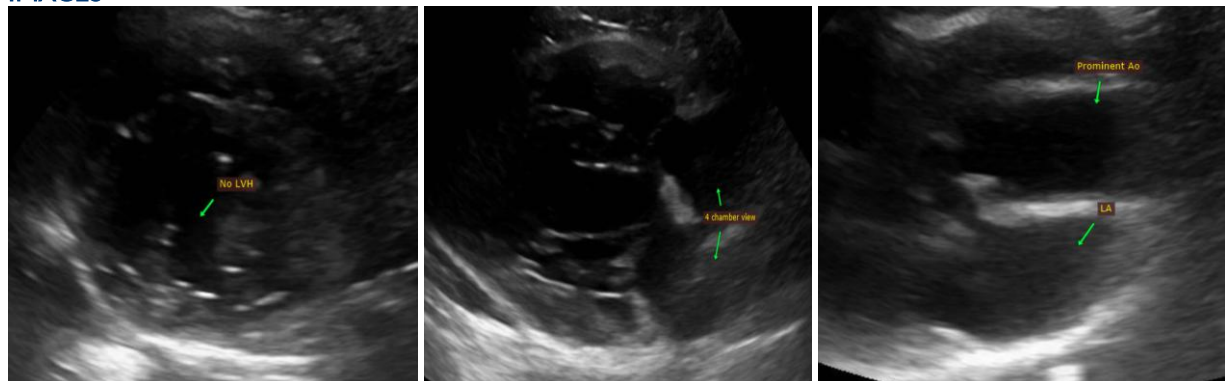
These findings would suggest a cardiogenic cause for the reported episodes is unlikely. Further workup should be dictated by systemic evaluation. A neurologic consultation is recommended.

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

Anesthetic risk is considered mild. Risk for complication with steroid use or fluid administration typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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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