



PATIENT

Henri Jones

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Eileen Jenkins, DVM

HOSPITAL NAME

Huntsville Veterinary
Specialists &
Emergency

REFERRING VET

Dr. Jenkins

INVOICE

46024

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Diabetes mellitus; currently treated with glargine insulin SQ q12h. He presented to ER in October for accidental insulin overdose and a heart murmur was auscultated. Started on Clopidogrel 18.75mg PO q24h. PE today revealed mildly increased bronchovesicular sounds but no murmur. Intermittent quiet wheezing at home according to the owner. Elevated BNP: 332. Prehypertensive with systemic BP average 149mmHg. When laid on his side for echo, patient had some open mouth breathing that stopped when positioned sternally. Mild inspiratory wheeze also auscultated. CXR report showed lower airway disease, otherwise NSF.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A brief six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is inverted. The MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with a left axis deviation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and color flow is available. The left ventricular wall is asymmetric with a borderline septal dimension. No significant hypertrophy is seen. Normal LV chamber size. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure. LVOT velocity is not assessed; however, an obstruction is suspected on color flow and 2D imaging. No pleural or pericardial effusion seen. 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	6.8	NM	0.56	1.3	0.48	58	90
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	1.2	NM	NM	NM	
<p>*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.</p>							



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Limited image set provided. Without use of spectral doppler, findings are speculative. What can be said is the only abnormality identified is borderline LV hypertrophy with a suspect LVOT obstruction. This may reflect early HOCM; however, a normal stressed-related variant is possible. The concern may be elevated due to concurrent BNP elevation. Regardless, the LA is normal, which suggests low risk for complication. Serial echocardiography will be necessary to determine progression and clinical significance. No additional issues are identified. Consider further imaging in this case.

The ECG is also largely normal with a sinus rhythm appreciated. A left axis deviation is a benign conduction abnormality, assuming standard lead and limb placement. No treatment or follow up is necessary.

Given these findings, no medications are indicated. Plavix can be safely discontinued. Atenolol may be warranted should the obstruction worsen in the future; however, is not indicated at this time in this cat.

Prognosis is guarded prior to assessing for progression.

Anesthetic risk is considered mild. Steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

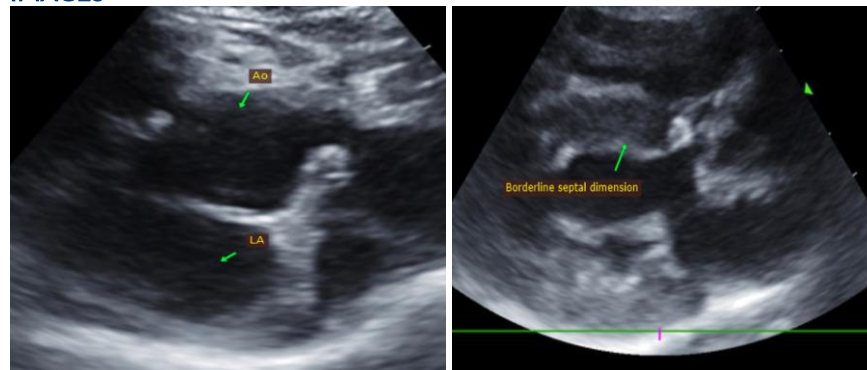
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

Discontinue Plavix. BP and T4 should be monitored every 6 months.

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

IMAGES





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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.

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Feline

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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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