



**PATIENT**

Samson Bonyun

**SPECIES**

Feline

**BREED**

Maine Coon Mix

**SEX**

Male Neutered

**AGE**

17 years

**WEIGHT**

10.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS, RTR

**HOSPITAL NAME**

Creekside Veterinary  
Hospital

**REFERRING VET**

Dr. Singh

**INVOICE**

46059

**DATE**

12/5/25

**PRESENTING CLINICAL SIGNS**

History: Heart murmur.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a hyperechoic endocardium consistent with fibrosis. The left atrium is mild to moderately dilated and bulbous in appearance. Mild MV thickening with mild mitral regurgitation (multiple jets). No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. Mild TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

**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	7.4	NM	0.46	1.6	0.46	45	80
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	1.8	1.6	1.6	1.4	1.5	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 mild mitral and tricuspid regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM). The latter is not identified, and the former would be unusual in a 17-year-old cat. Mild MV thickening may represent early valve disease similar to as seen in dogs, and serial monitoring is advised. The left atrium is mild to moderately enlarged, which is certainly concerning for potential progressive disease. No additional issues are identified, and the LV wall dimensions are normal.

Given the degree of LA enlargement, medications could be considered in this case. That being said, it is worth noting that this patient is of advanced age and simple monitoring may be reasonable. Discussion with the owner is advised. Risk for complication is elevated going forward with a guarded prognosis overall.

These findings would suggest the cough is noncardiac in origin and other primary respiratory issues should be explored.

Anesthetic risk is considered moderate, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A



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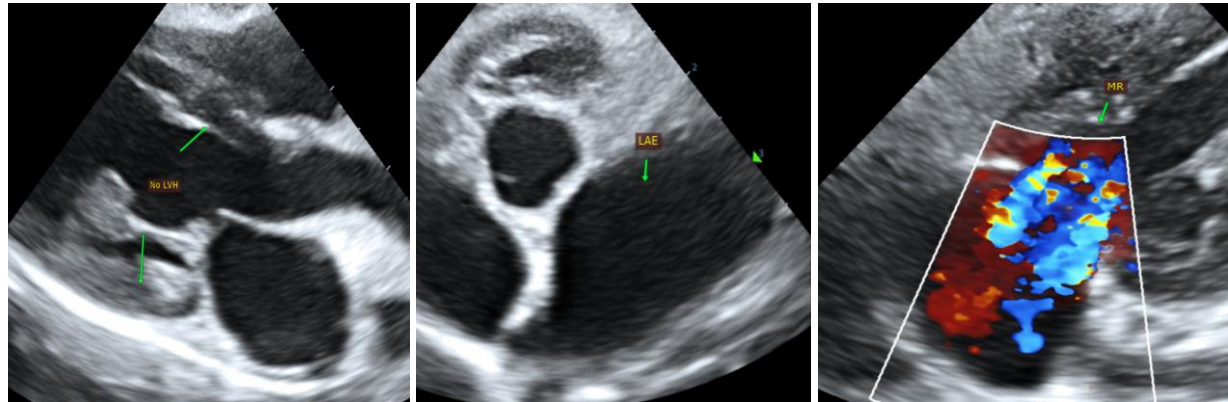
reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

## PLAN

If medications are elected, consider Plavix Consider blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges) and Pimobendan 1.25mg PO q12h.

Recheck echocardiogram is recommended in 6 months, sooner if development of any clinical signs.

## 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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