



PATIENT

Kitty Bajc

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur. Feline asthma. On Prednisolone 5mg ½ tab SID.
 -Pertinent previous echo findings (11/2024 MML): largely NSF. DRVOTO, trace TR.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 166bpm. 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 morphology is positive with normal dimension. MEA is normal. One VPC seen. No APCs, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with a single VPC.

BREED

DSH

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. The papillary muscles appear mildly remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. Trace tricuspid regurgitation. The mitral valve is normal in structure and mobility. No mitral regurgitation. Blood flow through the RVOT appears normal. Blood flow through the LVOT appears normal with no evidence of obstruction. No evidence of cardiac tumors or metastatic lesions on this scan.

AGE

12 years

WEIGHT

14.8lbs

CARDIAC CHART

INTERPRETED BY
 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

| 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 | 6.7 | 120 | 0.49 | 1.3 | 0.46 | 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 | 1.1 | 1.2 | 1.1 | | 1.2 | 1.5 | NM |

IMAGING PERFORMED BY
 Kelly Reschny, RVT

HOSPITAL NAME
 Snelgrove Veterinary Services

REFERRING VET
 Dr. McQueen

**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.*

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistently normal findings. No LV hypertrophy or LA dilation have developed. The LV appearance is similar to previous and the murmur regains benign. The ECG is largely normal with a sinus rhythm appreciated. A single VPC is identified which is likely due to stress in this case, as the frequency is quite low. No treatment is indicated.

DATE

12/8/25

Given these findings, no medications are indicated at this time. Prognosis is open.



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If needed, the risk for general anesthesia is low. A screening blood pressure is recommended in any older cat prior to general anesthesia. Risk for complication from steroid use typically follows atrial dilation, which in this case is low.

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Recommend recheck echocardiogram in 1 year to assess for progression or development of disease the pre-existing murmur may mask.

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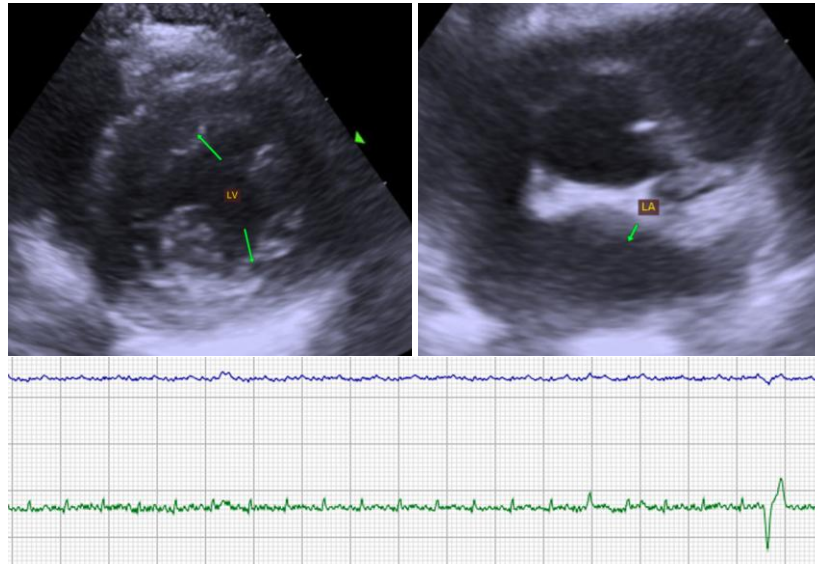
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IMAGES



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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