



PATIENT

Ceri Korkmaz

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9 months

WEIGHT

5lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

46788

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History: Muffled Heart Sounds. Dyspnea. Possible FIP. Weakness. CXR show pulmonary effusion vs edema, unable to see heart.
 -Abnormal PE/Chem/CBC/UA Results: RBC 7.53 HGB 9.1 HCT 28.41 RDW 31.6+ Neu 14.24+

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium appears normal. The papillary muscles are normal in size and architecture. The left atrium is normal in size. The right heart is prominent. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR seen. Normal flow through both the RVOT and LVOT. No obvious TR, AI or PI. No congenital defects are observed. Large volume pleural effusion. No 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 | 2.3 | 144 | 0.47 | 1.45 | 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 | | | 1.1 | 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 only abnormality identified is the right heart is prominent. This is unlikely to lead to right-sided CHF, making the effusion likely noncardiogenic in origin. The left heart appears normal with no obvious abnormalities identified. It is important to note that the exam was limited due to patient instability and small abnormalities may have been missed. **Consider referral in this complicated case if the cause of effusion remains elusive.**

An immediate thoracocentesis should be performed to stabilize the situation and submit a sample for cytology. Further workup should be dictated by the results.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.



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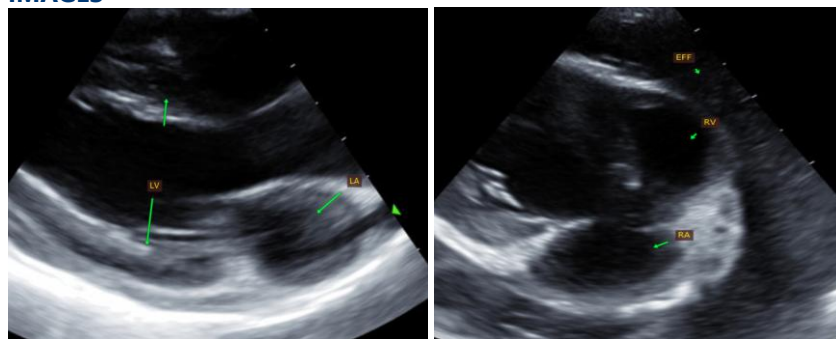
No cardiac contraindication for general anesthesia at this time.

PLAN

Consider referral as discussed. Immediate fluid sampling for improved stability and cytology. Full systemic workup is recommended.

Recommend recheck echocardiogram in 6 months.

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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