



PATIENT

Chance Thunder

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17.6 years

WEIGHT

5.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Greg Kuhlman, DVM

HOSPITAL NAME

Red River Animal
Emergency Hospital &
Referral Center

REFERRING VET

Dr. Kuhlman

INVOICE

46790

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History: Presented to the ER 2/6/26 for stumbling, shaking, and struggling to walk/stand. He was found to have general ataxia and a blood pressure of 200-220 mmHg. Amlodipine (0.313 mg SID) was started at that time. Ataxia was suspected to be related to kidney disease; however, GK does not think the kidney disease is advanced enough for these symptoms. The patient has improved since she was seen last week, but she is still experiencing ataxia. She is otherwise normal, eating and drinking normally, no vomiting or diarrhea, no urinary or defecation concerns, and no coughing or sneezing has been observed. Due to low blood pressure today on a low dose of amlodipine, it was recommended to the owners to discontinue at this time. Echocardiogram recommended before sedation/anesthesia for advanced diagnostics such as an MRI or CT. Before the patient was seen on 2/6, the patient had not been to the vet since 2009.

-Abnormal PE/Chem/CBC/UA Results (2/6/26): Chem: BUN 38 mg/dL (high 16-36), Creat 2.2 mg/dL (high 0.8-2.4), Phos 1.7 mg/dL (low 3.1-7.5), K 3 mmol/L (low 3.5-5.8), GGT 7 U/L (high 0-4), glucose 115 mg/dL (WNL). UA: hematuria, trace proteinuria, glucosuria, USG 1.018. T4 WNL. CBC: WNL. BP Doppler 200-220 mmHg. 2/11/26 Doppler BP 116 mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly 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 with mild to moderate MR. No TR. Blood flow through the RVOT is normal. The blood flow through the LVOT is slightly elevated. No AI. Aortic root is normal. 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	2.4	NM	0.49	1.2	0.45	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 (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	1.0	1.8	1.2	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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild abnormalities are identified with mildly elevated flow through the LVOT and mild to moderate MR. No obvious SAM is seen, and this is likely a flow/stress related issue. That said, early HOCM cannot be ruled out and monitoring is advised. No evidence of significant hypertrophy due to reported systemic hypertension, which is good news.

Given these findings, no medications are indicated. Should the degree of hypertrophy worsen, Atenolol may be recommended in the future. Certainly addressing hypertension is indicated as dictated by IM.

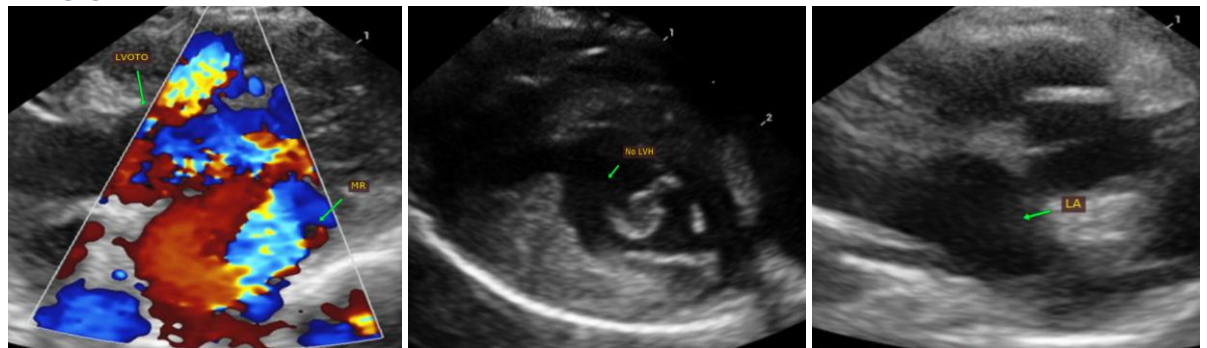
Prognosis is guarded prior to assessing for progression.

Anesthetic risk is considered mild. Additionally, steroids should be used with caution in general, as even a 'normal' 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). Prognosis is guarded prior to assessing for progression.

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

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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