



PATIENT

Mew Koch

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

7.5 months

WEIGHT

12.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amanda Crook, SDEP

HOSPITAL NAME

River Edge Pet Medical
Center

REFERRING VET

Dr. Tsuchida

INVOICE

46791

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History: Intermittent coughing since being neutered on 1/7/26. No current medications, O reports gradual improvement in frequency of coughing. 10/25/25: seen for coughing. Amoxicillin started and improved. BP: 138 and 150mmHg.

-Abnormal PE/Chem/CBC/UA Results: 2/4/26: CBC within normal limits 10/25/25: Leukocytosis with 39.85K/uL - neutrophilia of 35.91K/uL, monocytosis of 1.12 K/uL.

-CXR (2/4/26): Mild cardiomegaly. No CHF.

Today (2/11/26), received 100mg Gabapentin, 0.3mg/kg Butorphanol IM and additional 0.1mg/kg Butorphanol IV due to P's temperament.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/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. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are normal in size and hyperechoic. The LV chamber is mildly increased. The LV function is mildly depressed. The left atrium is slightly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR and TR. Blood flow through the LVOT is normal in velocity. Marked AI. No PI. 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	5.6	NM	0.45	2.1	0.45	30	58
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	1.4	1.5	1.45	1.3	NM	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

The primary abnormality identified is there is a significant aortic valve insufficiency (AI). There is no stenosis through the region, suggesting this is primarily an issue with diastolic closure resulting in a large leak back into the LV. This is quite unusual to see as a congenital issue in cats. The concerning issue is there is evidence of early left-sided volume overload with LA and LV dilation, as well as early dysfunction which would certainly support that this is a hemodynamically significant issue. The remainder of the study is unremarkable and the ECG is normal.

Going forward, there may be some benefit to having this patient on an ACE-I in hopes of decreasing systemic pressures and potentially decreasing the volume of regurgitation over time. That being said, this kitten is very young and maybe difficult to medicate. Discussion with the owner is advised. No additional medications are necessary at this time.

Prognosis is guarded due to hemodynamic changes seen at <1 year of age, with risk for progression to CHF, development of blood clots and/or sudden death. Serial monitoring is advised. Consider referral to a local Cardiologist for lifelong evaluations.

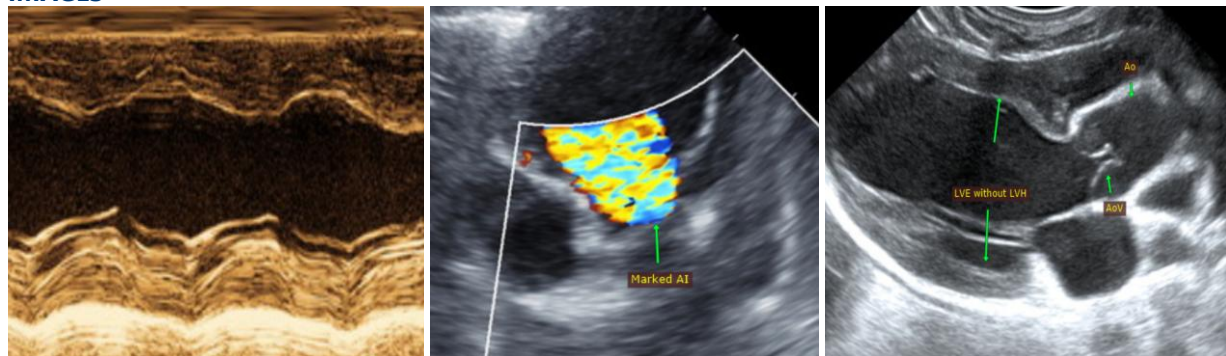
Anesthetic risk is considered mild. IV fluid restriction is advised. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

Consider institution of an ACE-I if able to medicate (0.5mg/kg PO q12h)>. Consider referral for lifelong monitoring.

If declined, recommend recheck echocardiogram in 6-12 months to assess for any progressive issues.

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.

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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