



PATIENT

Cheddar Lambs Gap

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11.5 years

WEIGHT

12.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Todd

INVOICE

46864

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 heart murmur. has been quiet, depressed and not himself since last evening. BP: 106, 114, 115mmhg.

-Current medications. Clopidogrel 75mg ¼ tab, Fluoxetine 2.5mg 1 tab, Cosequin, duralactin, calming care, Credelio monthly, Solensia q 4 weeks.

-Pertinent previous echo findings (11/2025 MML): HCM with mild LAE.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The underlying rhythm is sinus in origin with average heart rate of 150bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. VPCs are noted; singles only, monomorphic. No APCs, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with thickening of the posterior wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy with remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No mitral regurgitation. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. 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	5.7	NM	0.65	1.3	0.65	52	86
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	1.5	1.5	1.4	1.0	0.8	NM	
<p>*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.</p>							



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistently stable findings. The LV hypertrophy remains mild, and the LA only slightly enlarged. No additional structural issues are seen.

The ECG does show isolated VPCs have developed. Only single abnormal beats are seen, and markers of malignancy are low. Given that these have not been noted previously, it is likely that these have developed secondary to the cause of systemic signs rather than being a primary issue. No treatment is necessary based upon what is seen here. Full systemic workup for inappetence is recommended.

Given these findings, no medications are necessary. If Plavix is well tolerated, it may be reasonable to continue the medication. Prognosis remains guarded long-term; however, stability is always a good sign.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

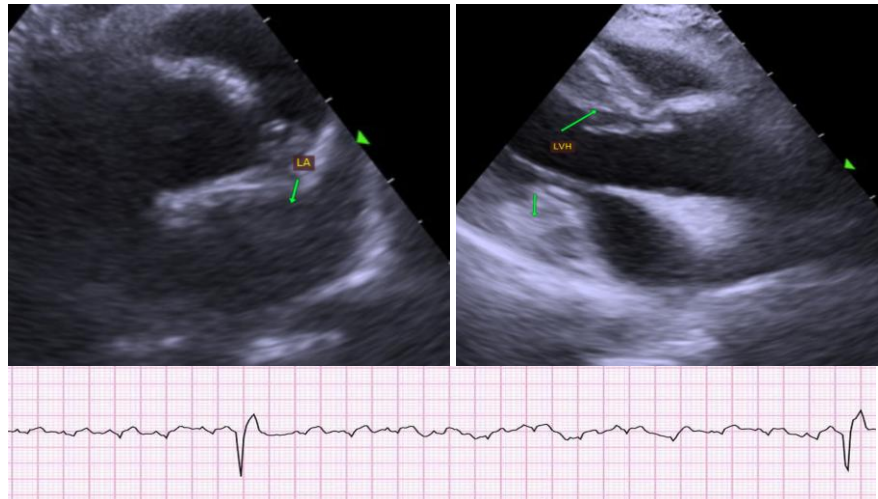
Anesthesia is not advised at this time.

PLAN

A screening T4 and BP are recommended every 6 months. Continue Plavix as discussed previously. Full systemic workup for inappetence/VPCs is recommended.

A recheck echocardiogram is recommended in 6-12 months, sooner if clinical signs arise.

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.



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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

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com