



**PATIENT**

Persephone Spielman

**SPECIES**

Feline

**BREED**

Bengal

**SEX**

Female

**AGE**

1 year

**WEIGHT**

5.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDSCS

**HOSPITAL NAME**

Southpointe Pet  
Hospital

**REFERRING VET**

Dr. James

**INVOICE**

46973

**DATE**

2/24/26

**PRESENTING CLINICAL SIGNS**

History: Heart murmur.

**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 fibrosis. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Trace TR. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is mildly elevated and dynamic in appearance, consistent with DRVOTO. No obvious congenital defects/shunts. No effusions.

**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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	2.6	NM	0.36	1.5	0.35	52	86
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)	
<b>NORMAL</b>	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
<b>PATIENT</b>	NM	1.2	1.0	0.95	1.6	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**

Overtly normal cardiac structure and function. Elevated flow velocity is noted through the RVOT and MPA, which is a physiologic cause for a murmur. An alternative would be a small shunt leading to increased volume through this region causing a relative stenosis; however, this is not apparent and considered unlikely. No significant pathology is appreciated with normal chamber dimensions and function overall.

No medications are indicated at this time. Prognosis is open.

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

No cardiac contraindication for general anesthesia.

Recommend recheck echocardiogram in 1 year, sooner if clinical signs arise.



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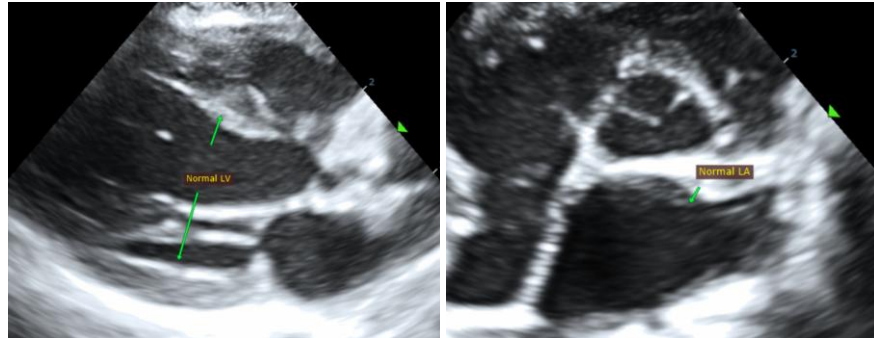
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## IMAGES



**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**

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

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