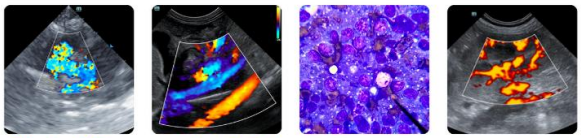


DATE

2.3.26

PATIENT

Ebony Keifer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11.11.12

WEIGHT

6.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Phillips

INVOICE

46673

PRESENTING CLINICAL SIGNS

History: Seen on 11/21/25, grade 4/6 holosystolic murmur noted. First heard at AEH on 11/16/25. Also has stage 2 kidney disease and controlled hypertension.
-Pertinent abnormal PE/Chem/CBC/UA Result: No lab work or radiographs performed (AEH diagnosed with stage two kidney disease, hypertension and heart murmur. Poss early hyperthyroid on 11/16/25).
-Current medications: Amlodipine 2.5mg Started 11/16 at AEH, then gave 1/2-tab 11/17-11/19, now on 1/4 tablet SID.
-Blood Pressure: 148, 150, 147mmHg
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with a mild focal septal bulge. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. The endocardium also appears mildly remodeled. A mild-LV obstruction is suspected on color flow imaging. 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. Trace MR and TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.9	NM	0.60	1.2	0.45	42	80

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	1.0	1.2	0.8	NM

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

Mild abnormalities are identified. First, there is a mild focal septal thickening that appears associated with a mid-LV obstruction. These are typically benign; however, monitoring for progression is certainly recommended. Trace MR and TR are present, which appear hemodynamically insignificant. Despite these changes, the LA is normal in dimension, suggesting low risk for complication. No additional issues are identified.

Given these findings no medications are indicated. A baseline BP is recommended.

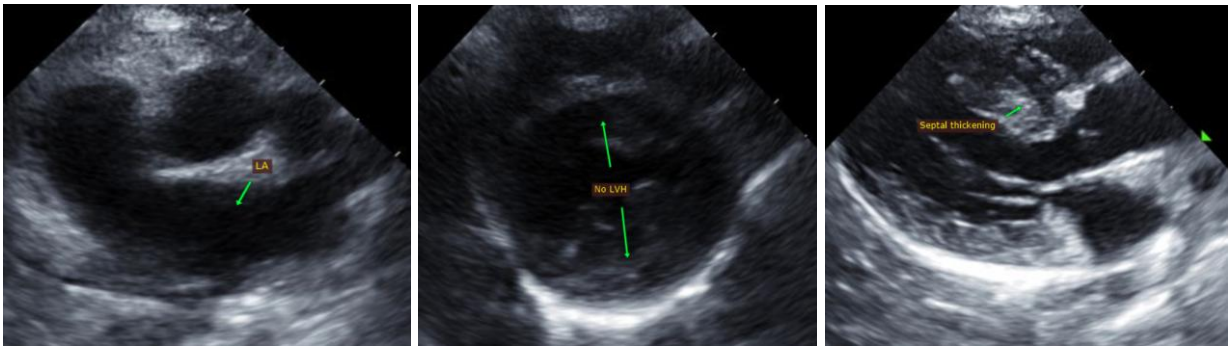
Mild structural changes are unlikely to explain development of VPCs. Follow up and treatment (i.e. systemic screening) should be dictated by the ECG report.

From a structural standpoint, anesthetic risk is mild; however, any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

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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