



PATIENT

Jumanji Lacour

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Winegard

INVOICE

46672

DATE

2/3/26

PRESENTING CLINICAL SIGNS

History: New grade 2-3/6 heart murmur. Asymptomatic. Sedated with Gabapentin.

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 irregular endocardium consistent with fibrosis and remodeling. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the RVOT is normal. Blood flow through the LVOT is elevated with evidence of an obstruction. No mitral regurgitation. No AI. No PI. There is no pleural or pericardial effusion seen. There are 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	6.4	200	0.50	1.1	0.48	53	86
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (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	1.1	1.2	1.1	2.1	0.8	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

Essentially normal cardiac structure and function. The only cause of a murmur identified is a dynamic LVOT obstruction. Given a lack of LV hypertrophy, this is likely intermittent and relatively benign; however, follow up is advised as early HOCM cannot be ruled out. No additional issues are identified.

In this patient with a mild obstruction and a normal left atrial dimension/no LVH, no medications are clearly indicated.

Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction.

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



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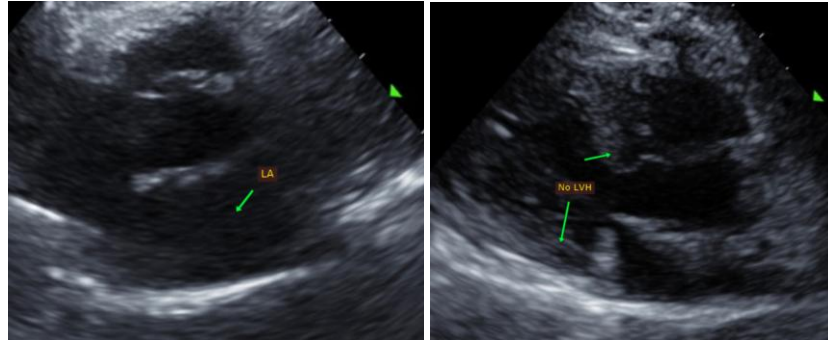
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IMAGES



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
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