

PATIENT

Cookie Ersin

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7 years

WEIGHT

8lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Novel VC

REFERRING VET

Dr. Knap

INVOICE

46717

DATE

2/5/26

PRESENTING CLINICAL SIGNS

History: Heart murmur. Elevated BNP.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is borderline in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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 with trace MR. Blood flow through the LVOT is normal in velocity. The RVOT velocity is mildly elevated. 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	3.6	NM	0.56	1.0	0.56	58	90
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	1.0	1.3	1.3	1.4	2.0	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

The only cause of a murmur identified is a suspect heart rate dependent flow obstruction through the right ventricle (DRVOTO), which is a physiologic finding (i.e. benign and of little clinical significance). This type of flow murmur will wax and wane secondary to tachycardia and volume changes. There is however a mild amount of LV remodeling and fibrosis with borderline normal wall dimensions, which may be indicative of early pathology (particularly in light of BNP elevation) or simply represent a normal variant. Monitoring for progressive hypertrophy is recommended. Regardless, the left atrial dimension is normal, and there is minimal risk for complication at this time. Serial echocardiography will be necessary to determine progression and clinical relevance in the future. Baseline BP/T4 recommended.

Mild changes may or may not explain BNP elevation. A flaw of the BNP test is false positives, which may be the case; however, alternative causes for elevation should be considered, including



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decreased renal clearance, hypertension, etc. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

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Given these findings, no medications are indicated at this time. Prognosis is open prior to assessing for progression/regression.

Feline

If needed, the risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended.

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Additionally, a screening blood pressure is recommended in any older cat prior to general anesthesia.

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Recommend recheck echocardiogram in 1 year to assess for progression or development of disease the pre-existing murmur may mask.

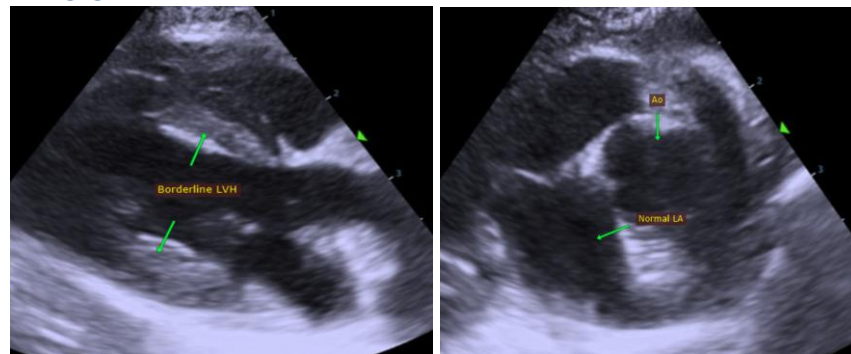
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

REFERRING VET

Dr. Knap

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

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