



PATIENT

Pluto Caprita

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9.8 years

WEIGHT

13.81lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kitz, DVM

HOSPITAL NAME

Woodlands Animal
Hospital

REFERRING VET

Dr. Kitz

INVOICE

46722

DATE

2/5/26

PRESENTING CLINICAL SIGNS

History: Gallop rhythm was ausculted. No murmur. Elevated BNP; remainder of labs WNL. BP: 110mmHg.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Mild cardiomegaly. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 40mm/mV. The average heart rate is 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is inverted. The MEA is shifted right. A single VPC is identified. No APCs, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with a right axis deviation. Single isolated VPC.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. The LV is slightly dilated with normal function. The left atrium is mildly enlarged and bulbous in appearance. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility. No MR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

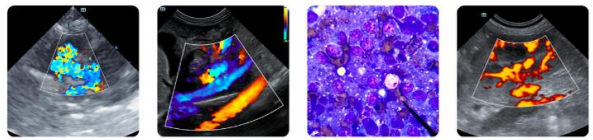
CARDIAC CHART

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	6.3	NM	0.46	1.6	0.46	47	81
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.5	1.5	1.0	0.9	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 abnormalities identified are mild LA and borderline LV dilation. These are of unknown significance; however, certainly monitoring for progression is advised. The LV wall thickness is normal ruling out typically HCM. Flow through the great vessels is normal and no significant regurgitation is identified.



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The ECG does show a single VPC in an extended tracing. This of little clinical relevance and certainly does not warrant therapy. Finally, a right axis deviation is a benign conduction abnormality common in older cats.

No cardiac medications are clearly indicated. Any progression in LA enlargement will certainly warrant Pimobendan going forward. Prognosis is guarded prior to assessing for progression.

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

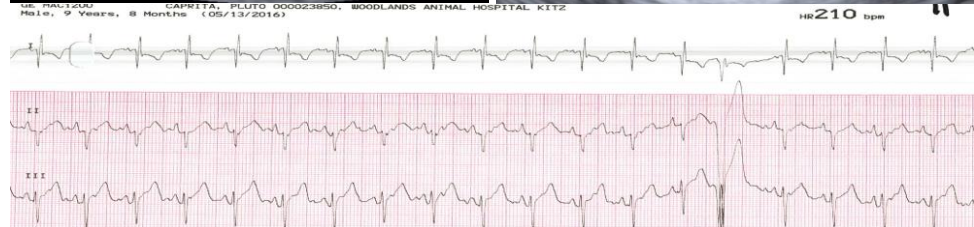
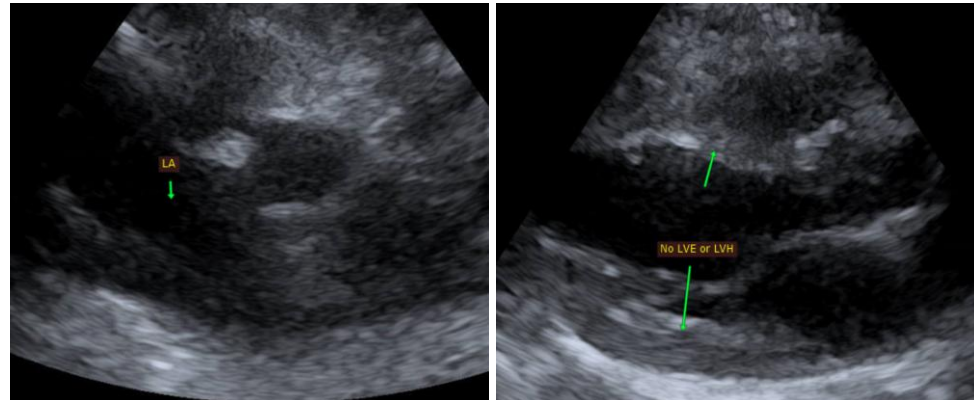
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Baseline BP is recommended.

A recheck echocardiogram is recommended in 6 months to screen for progressive LA dilation, sooner if any clinical issues arise in the interim.

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



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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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