



PATIENT

Bella Anne Shelton

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13.8 years

WEIGHT

17.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Romero, DVM

HOSPITAL NAME

Countryside Animal
Hospital

REFERRING VET

Dr. White

INVOICE

46739

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. BP: 155mmHg. Mild azotemia; T4/free T4 (11/2025): WNL. Recent increase in drooling and inappetent. Assess prior to dental.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a mild septal bulge. There is a mildly hyperechoic endocardium consistent with age-related fibrosis. Mild remodeling. The papillary muscles are hyperechoic. 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. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No AI.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	8.1	NM	0.61	1.0	0.50	54	88
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	1.3	1.1	1.1		1.1	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

The only abnormality identified is a mild focal septal hypertrophy is present in addition to mild LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. A baseline BP is recommended. Regardless, the LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, no definitive cause is identified for the murmur in this study, making it likely benign and secondary to tachycardia/stress.

With a normal LA dimension, no medications are indicated. Atenolol is not recommended without a significant LVOT obstruction.

Prognosis is open prior to assessing for progression.



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No contraindication for general anesthesia from a cardiac standpoint.

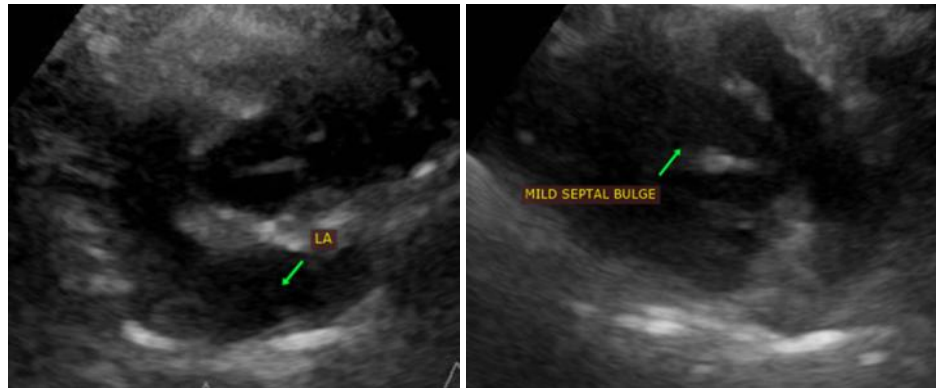
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

Baseline BP is recommended.

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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