



**PATIENT**

Ollie Hall

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

15lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Juno Veterinary  
 Burlington

**REFERRING VET**

Dr. Sterns

**INVOICE**

46751

**DATE**

2/9/26

**PRESENTING CLINICAL SIGNS**

History: Chronic cough that started in August, worsened in September. Suspected to be asthma but presented to ER last weekend for worsening cough and possible pericardial effusion. Assess prior to steroids. On Gabapentin 100mg last night, 200mg this morning, Alprazolam 0.25mg this morning, Prednisolone 5mg SID, Furosemide 5mg BID. Labs: mild hyperglycemia otherwise NSF. Sedated with Dexdomitor due to fractious nature.  
 -CXR report: Increased bronchointerstitial markings throughout the lung fields are a non-specific finding most commonly associated with inflammatory airway disease. No CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are normal in diameter with a hyperechoic endocardium. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The LV is normal in dimension with depressed myocardial function. The left atrium is slightly enlarged. Trace MR and TR. The right atrium is normal. The right ventricle appears remodeled as well. Blood flow through both the LVOT and RVOT are decreased in velocity. No AI or PI. No pericardial or pleural effusion. No obvious cardiac tumors identified.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	6.8	65	0.46	1.5	0.49	44	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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	1.5	1.4	1.4		0.4	0.5	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**

Unfortunately, the evaluation of cardiac parameters is significantly affected by Dexdomitor. In cats specifically, the drug can cause a transient increase both LA and LV diameters, lower FS and lower blood flow through the great vessels, many of which are seen here. That being said, my suspicion is that this is a normal exam, and the changes are simply do to sedation.

Regardless, a lack of significant LA dilation would suggest the risk for complication is low. No medications are warranted. CHF is unlikely to be present in this case and Lasix should be discontinued. Further workup for the cough is recommended as dictated by the clinical picture.



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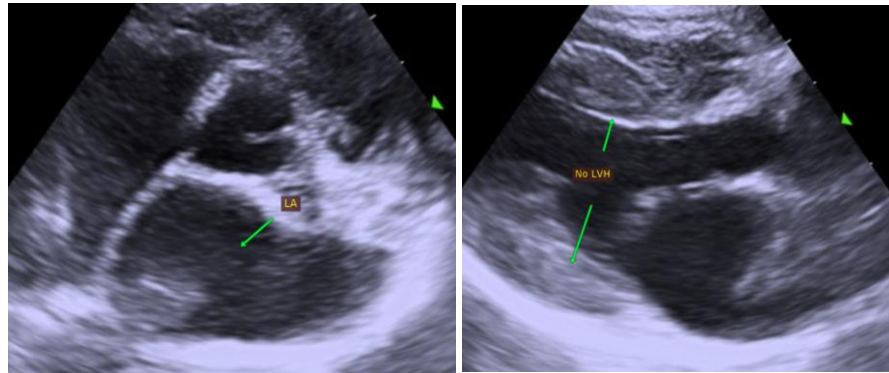
No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

**PLAN**

Consider reassess LA/LV dimensions and function utilizing an alternative protocol (Gabapentin prior, consider alfaxalone or similar, avoid Dexdomitor). Discontinue Lasix as discussed. A baseline BP is recommended if possible.

Recommend recheck echocardiogram in 1 year to screen for any progressive issues, sooner if a murmur or clinical signs arise.

**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**  
**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**  
info@sonopath.com



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