

PATIENT

Tiger Miller

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners Animal
Hospital – Salem

REFERRING VET

Dr. Anderson

INVOICE

47050

DATE

3/2/26

PRESENTING CLINICAL SIGNS

History: No heart murmur but possible gallop rhythm. Soft abdomen. Ravenous appetite. Elevated BNP: 227. BP: 140, 148, 149mmHg.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 174bpm. 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 is inverted. The MEA is shifted right. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with right axis deviation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with remodeling. Mild LV dilation with mildly depressed myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic. The mitral valve is normal with no MR. The left atrium is mild dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with trace TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. 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 | 4.9 | NM | 0.47 | 1.8 | 0.49 | 36 | 60 |
| 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 | 1.5 | 1.5 | 0.9 | 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 finding of mild LA and LV enlargement in the face of normal LV wall thickness and mild dysfunction is most consistent with Restrictive/Unclassified Cardiomyopathy (RCM). Mild left atrial dilation is present, suggesting there may be risk for complication going forward. No additional



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issues are identified. The ECG is unremarkable with a normal sinus rhythm. A right axis deviation is not unexpected in a cat with mild structural changes. No follow up is necessary.

Regardless of categorical classification, any patient with LA enlargement should be monitored closely for progression. No medications are necessary at this time.

The prognosis is guarded prior to assessing for progression; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention. Mild LA enlargement does suggest there may be slightly increased risk for complication.

A recheck echocardiogram is recommended in 6 months to assess progression.

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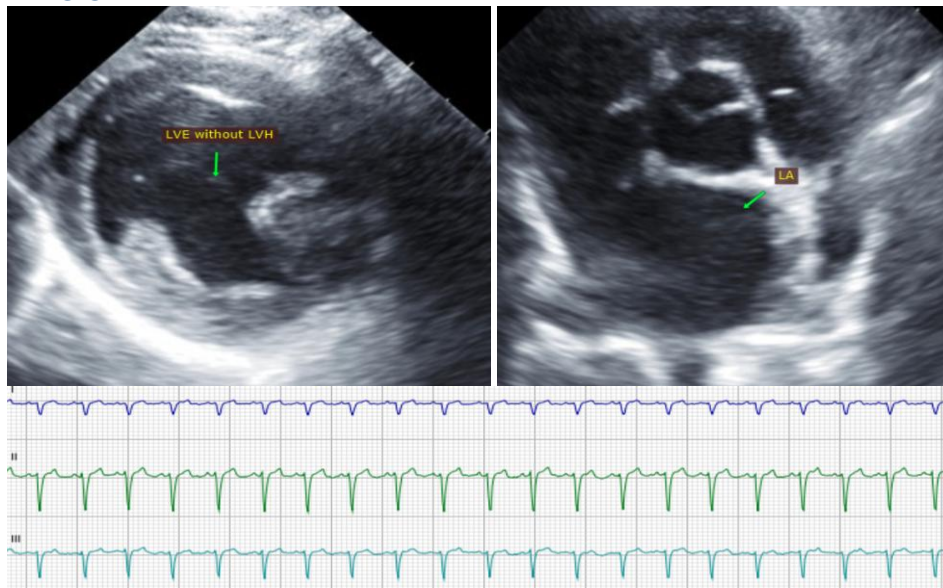
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IMAGES



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



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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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