



PATIENT

Lionson Rodrigue

SPECIES

Feline

BREED

Persian Mix

SEX

Male Neutered

AGE

4 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Miller / Mirecki

INVOICE

47290

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History: Presented to Urgent Care on 3/11 for acute onset walking in circles (to the R side). Dyspnea and open mouth breathing on presentation - possibly from car ride. Diagnosed cardiac event/thromboembolism vs neurologic issue. On homemade diet TID. Sedated with Gabapentin.

-Abnormal PE/Chem/CBC/UA Results: PE (3/11): dyspneic, open-mouth breathing. Tachycardic (HR 250), no murmur auscultated, pulses strong and synchronous. mm pink. • Placed in O2 on arrival; still in distress. • Butorphanol IM - improved and able to draw blood. • SNAP BNP - Abnormal • BP (160, 122,147 systolic).

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. A low voltage complexes impedes careful interpretation. The underlying rhythm appears sinus in origin. The average heart rate is 140bpm. P for every QRS complex and vice versa. The P wave morphology is positive; low voltage. Normal PR. The QRS morphology is low voltage. When the HR drops below 140bpm, a ventricular rhythm ensues with a HR of 136bpm. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Suspect sinus arrhythmia with an intermittent ventricular escape rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium appears normal. The papillary muscles are normal in size and architecture. 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 seen. Normal flow through both the RVOT and LVOT. Trace TR. No obvious AI or PI. 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	5.4	180	0.45	1.46	0.48	42	80
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	1.2	1.2	1.2	0.9	1.0	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No significant valve leaks are identified, and flow through the great vessels is normal. No additional structural issues are identified.

The ECG shows a relatively low resting HR with mild variation in the sinus rate. This is most consistent with a sinus arrhythmia due to high vagal tone, which is somewhat uncommon in cats. That being said, neurologic disease can lead to this development which is suspected here. When the HR slows slightly a slow ventricular rhythm ensues, as is a physiologic response to bradycardia. What is seen here appears largely benign.

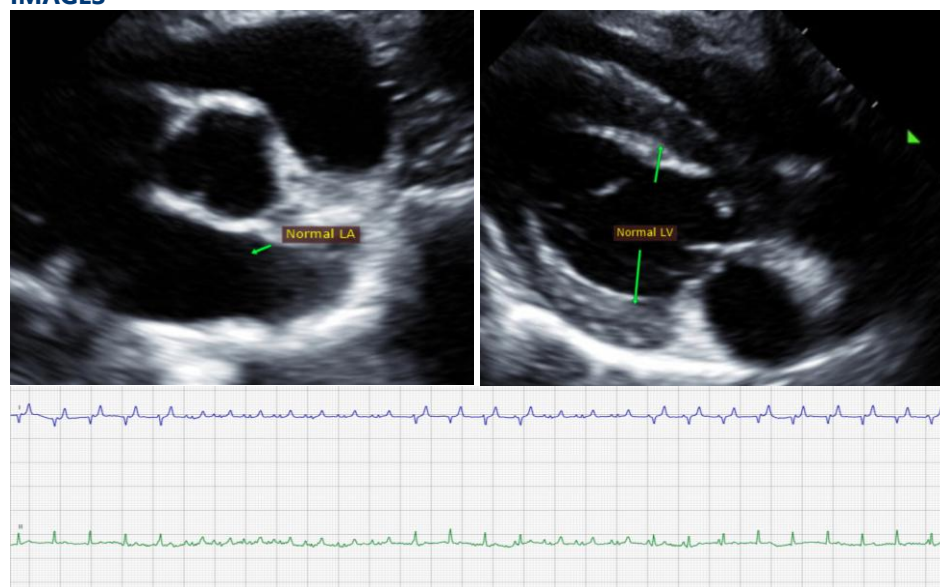
Given these findings, a cardiac cause for the current issues is unlikely. Neurologic disease is suspected and further workup is advised.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed) and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication for general anesthesia at this time.

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop 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



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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)

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