

PATIENT

Snoopy Stafford

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12.8 years

WEIGHT

14.26lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Smith

INVOICE

47295

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History: CXR show moderate, diffuse bronchointerstitial pattern, mildly progressive from the previous study. Alveolar pulmonary pattern in the right middle and left cranial lung lobes, also progressive. Borderline generalized cardiomegaly with high normal vertebral heart score. Borderline enlarged, although no specific cardiac chamber enlargement is seen. The overall size of the cardiac silhouette is stable compared to the previous study. The VHS is 8.1 (normal is 6.7-8.1). Continues to have intermittent watery discharge, has been progressively coughing up to 2-3x daily, no V/D, has been scratching at L side of face/head/ear, able to get Amlodipine daily with multiple attempts. Diet: BB dry, GI. On Amlodipine 1.25mg q24.

-Abnormal PE/Chem/CBC/UA Results: BUN 23mg/dL, CREATININE 1.4mg/dL SDMA 11.7.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Borderline cardiomegaly. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. Low voltage complexes impede careful interpretation. 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 positive with normal dimension. No ectopic beats, pauses or dysrhythmias observed.

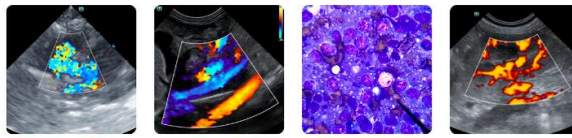
ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and 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 obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. 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	4.3	NM	0.52	1.4	0.51	58	90
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	NM	1.3	1.3		1.2	1.3	NM



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**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

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Flow through the great vessels is normal, and no significant valve regurgitation is identified. The ECG is unremarkable with a normal sinus rhythm.

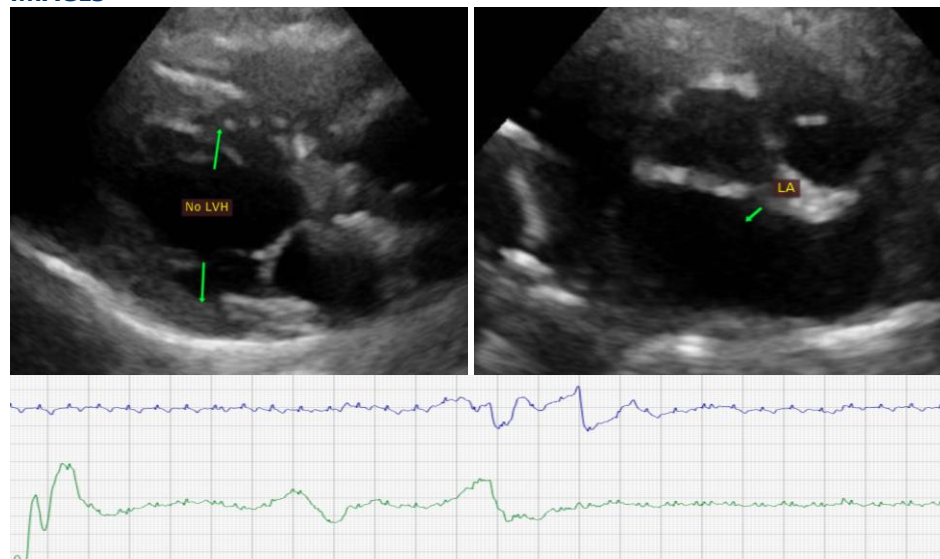
Given these findings, no medications are indicated. Prognosis is open.

Given these findings, the respiratory signs are certainly noncardiogenic in origin. Follow up and treatment should be dictated by the CXR report. Additionally, no evidence of chronic systemic hypertension is seen. Ensuring the BP is controlled is recommended.

Anesthetic risk is considered mild. Risk for complication with steroid use or fluid administration 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.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

IMAGES

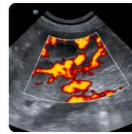
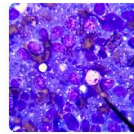
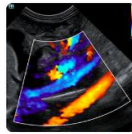
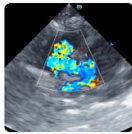


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Imaging
performed by



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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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info@sonopath.com