



PATIENT

Boone Peterson

SPECIES

Feline

BREED

DLH

SEX

Male

AGE

5 months

WEIGHT

6.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Stephanie Cory, DVM

HOSPITAL NAME

Brighton Veterinary
Clinic P. C. Inc.

REFERRING VET

Dr. Couperthwaite

INVOICE

47311

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History: Grade 4-5/6 systolic heart murmur, heard everywhere, PMI L parasternal, present since first exam. Asymptomatic. Assess prior to anesthesia for neuter.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. A large muscular VSD is appreciated; flow suspected to be left to right yet low velocity (max recorded 4m/s). The LV is normal in dimensions with adequate function. No LVH. Septal flattening in systole. Moderate LA dilation. Abnormal flow can be seen entering the chamber (rule out CTS v abnormal vasculature v other); low velocity. The interatrial septum is suspicious for an ostium primum ASD; inconclusive. The mitral and tricuspid valves are mildly thickened. Moderate RA enlargement is seen. The MPA appears uniformly dilated. Trace PI. Normal pulmonic outflow velocities. The aortic outflow is normal. No significant AI. No pericardial or pleural effusion identified. No tumors appreciated.

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	2.9	NM	0.41	1.6	0.41	50	86
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	1.8	1.5		1.5	1.5	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

Complex congenital cardiac disease is present. There is concern for an endocardial cushion defect although this is speculative. This implies a muscular VSD is present, in addition to a significant ASD and abnormal MV/TV. The former is confirmed, with suspicion for bidirectional flow. The latter findings are suspected yet inconsistent. The MPA and right heart are dilated, likely suggesting volume overload. Pressure overload is also suspected with septal flattening; however, a cause is not readily apparent. There is also an enlarged LA with abnormal flow entering the chamber (rule out abnormal PV return v CTS v other). These findings are considered preliminary and other explanations are certainly possible.

The biggest concern in this case is the degree of dilation of both atria, with high risk for



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associated clinical signs, including congestive failure, development of malignant arrhythmias (AF, VT, AV block, etc.), and/or sudden death at home. CHF is not readily apparent; however, risk is high. **Highly recommend referral to a local Cardiologist in this case for advanced imaging to confirm the diagnosis and lifelong management if possible.** An alternative would be to institute cardiac supportive medications as below in hopes of prolonging asymptomatic life. Prognosis is guarded to poor long term.

Elective anesthesia is not advised and should not be performed.

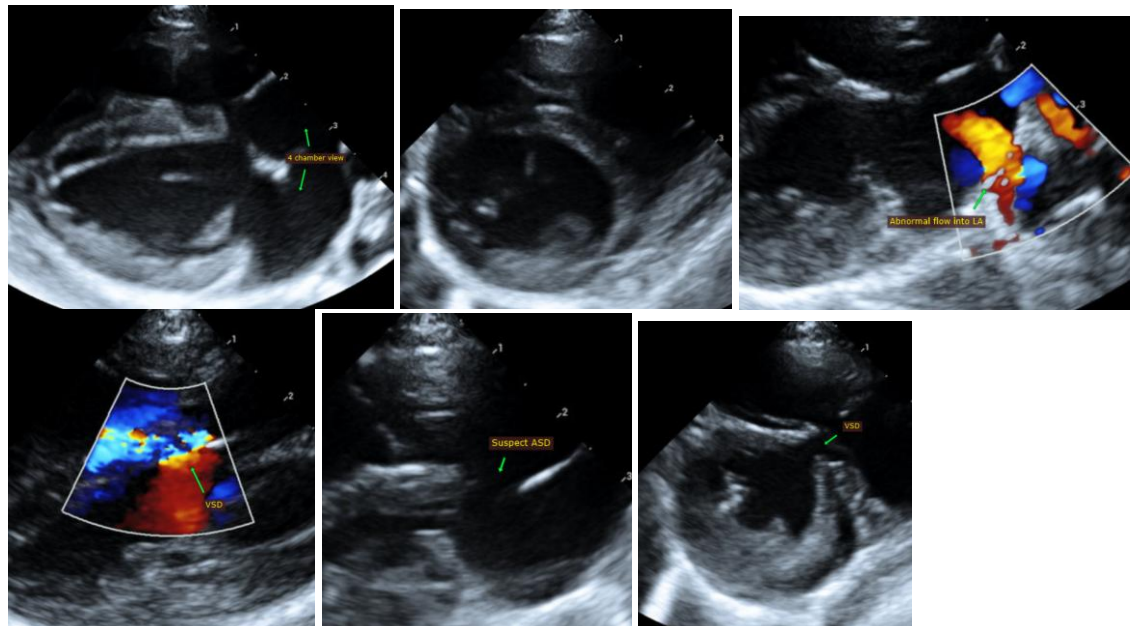
Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised. Omega fatty acid supplementation may have some long-term benefit.

PLAN

Highly recommend referral as discussed to confirm the diagnosis and manage this complicated case. If declined, institute Pimobendan 0.3mg/kg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). If any change in breathing is observed, institute Lasix 1mg/kg PO q12h.

If referral is declined, recommend recheck echocardiogram in 6 months, assuming the patient does well. If the patient declines, euthanasia should be considered.

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.



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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.

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