

**PATIENT**

Rezy Schroetter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

9.8 years

**WEIGHT**

9.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Greg Kuhlman, DVM

**HOSPITAL NAME**

Red River Animal  
Emergency Hospital &  
Referral Center

**REFERRING VET**

Dr. Kuhlman

**INVOICE**

47301

**DATE**

3/25/26

**PRESENTING CLINICAL SIGNS**

History: New grade 4/6 heart murmur. At PE: HR: 200bpm at the time of the initial vitals check. A left-sided grade II/VI murmur was auscultated at that time. After the patient relaxed, the heart rate reduced to around 120bpm and the murmur was no longer auscultated. Elevated BNP: 313pmol/L. Historic cough that has recently increased in frequency; suspected to be asthma. Assess prior to starting steroids.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. There is a hyperechoic endocardium consistent with fibrosis. The left atrium is normal in size. Mild MV thickening with mild mitral regurgitation. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the LVOT is not assessed. The blood flow through the RVOT is inaccurate. No obvious obstruction is seen on 2D imaging. No effusions or cardiac tumors are identified.

**CARDIAC CHART**

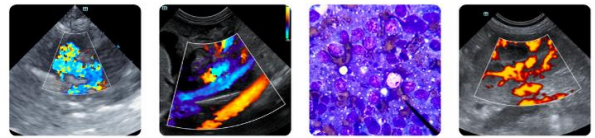
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	4.2	NM	0.47	1.3	0.45	478	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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>	NM	1.0	1.1		NM	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**

The only cause of the murmur identified is mild mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM), neither of which are seen in this study. Mild MV thickening may represent early valve disease similar to as seen in dogs, and serial monitoring is advised particularly given the relatively large volume of regurgitation for a cat. The left atrium is normal, indicating low risk for clinical signs at this time. A baseline blood pressure is recommended.

Given a normal LA dimension, no medications are indicated and simple follow up is advised. Prognosis is guarded prior to assessing for progression.



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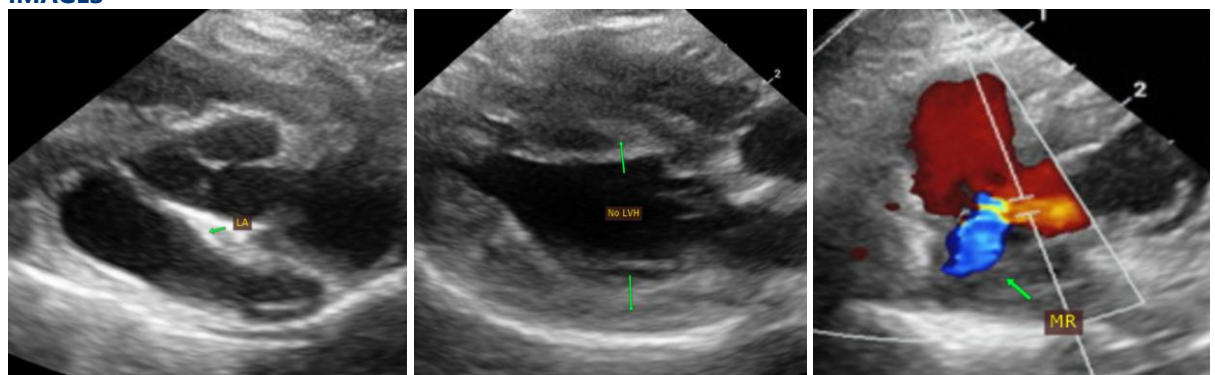
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The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate should be avoided unless medically necessary. Even without significant pathology, there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended. Risk for steroid use typically follows LA dilation, which in this case is low. That being said, any cat is at risk for unexpected intolerance and monitoring of RR/RE is recommended, particular during the initiation phase.

Recheck echocardiogram is recommended in 6-12 months, sooner if development of any clinical signs.

## 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.

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