

**PATIENT**

Joey Wyatt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

15 years

**WEIGHT**

9.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Westmoreland  
Animal Hospital

**REFERRING VET**

Dr. Bugarovich

**INVOICE**

47344

**DATE**

3/26/26

**PRESENTING CLINICAL SIGNS**

History: Grade 3/6 heart murmur. Weight loss. BP: 156mmHg.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with borderline dimensions overall (visualization is limited). There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Trace/mild MR. No TR. No AI or PI. Blood flow through the RVOT and LVOT 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 (%) |
|--|------------------|---------------------------------|--|----------------------------|---------------------------|-------------|--------|
| <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                              |  |                            |                           |             |        |
| 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) |        |
| <b>NORMAL</b>  | <1.5             | <1.3                            | <1.2                                     | <1.6                       | <1.3                      | <0.9        |        |
| <b>PATIENT</b>   | 1.1              | 1.2                             | 1.2                                      | 0.8                        | 0.8                       | NM          |        |
| <p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i><br/>Adapted from June Boon, Veterinary Echocardiography, 1998<br/>Abbott J &amp; 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> |                  |                                 |  |                            |                           |             |        |

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The only abnormality identified is the LV thickness is borderline increased. This may be indicative of early hypertrophic disease or may simply represent a normal variant. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Trace/mild MR is noted, which may or may not explain a heart murmur. No additional pathology is identified.

With a normal LA dimension, no medications are indicated.

Prognosis is open prior to assessing for progression.



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Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

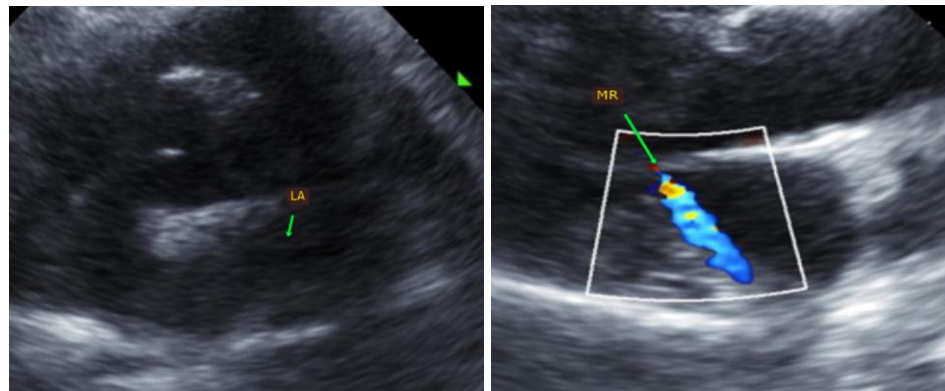
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Rick for complication with steroid use, typically follows atrial enlargement, which in this case is low. That being said, any cat can experience acute intolerance and monitoring of breathing rates is advised.

**PLAN**

Baseline BP and T4 are recommended as discussed.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

**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.

**Maggie Machen Lamy, DVM**  
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