



**PATIENT**

Donut Kessler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male

**AGE**

5 months

**WEIGHT**

5.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Arun Kutagulla, DVM

**HOSPITAL NAME**

Union Park Animal  
Hospital

**REFERRING VET**

Dr. Kutagulla

**INVOICE**

47349

**DATE**

3/27/26

**PRESENTING CLINICAL SIGNS**

History: Presented for difficulty breathing. Adopted pet two months ago. On PE grade-4/6 bilateral heart murmur, tachypnea, and abdominal breathing, on US fast scan pericardial effusion was seen.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is increased with moderate hypertrophy overall. There is a mildly hyperechoic endocardium. Moderate symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No obvious TR. The LVOT velocity is not assessed. There is no obvious systolic anterior motion (SAM) of the mitral valve; however, this is not ruled out. Trace MR. Scant pericardial effusion. There is no pleural effusion appreciated. 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	2.3	NM	0.67	1.1	0.67	57	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	1.5	1.3		NM	1.0	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**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should always be considered contributing factors; however, given the age of the patient, primary disease is suspected. Regardless, the degree of disease is mild, with moderate LVH and mild LA dilation. This would indicate the risk for clinical issues is low at this time. No cause for the murmur is apparent in this image set, and a physiologic origin is suspected. That being said, this is not considered an extensive congenital evaluation, and small abnormalities may have been missed. **Highly recommend referral for advanced imaging in this case. No additional issues are identified.**

These findings do not necessarily explain difficulty breathing. CHF is a radiographic and clinical diagnosis that can only be supported by ultrasound. Scant pericardial effusion is noted in some



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views. All possibilities should be considered in this case. Certainly, any degree of structural disease does raise concern for atypical CHF. No obvious additional issues, such as FIP, are suspected. A Lasix trial is warranted. CXR should be obtained with a Radiologist review.

Prognosis is guarded prior to assessing for progression and further evaluation of respiratory signs. Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

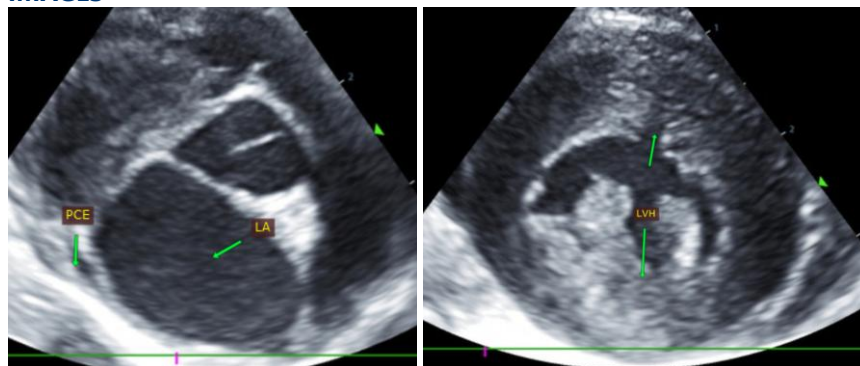
Anesthesia is note advised.

## PLAN

Referral is recommended as discussed. If declined, recommend baseline CXR for further evaluation with a Radiologist review. Systemic screening is recommended as well to assess for additional underlying causes for breathing changes. If no cause is apparent, a Lasix trail is recommended; 2mg/kg PO q12h, if response is favorable decrease to 1mg/kg PO q12h after a week and institute an ACE-I 0.5mg/kg PO q12h.

If declined, a recheck echocardiogram is recommended in 6 months to assess for 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**

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**

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