

PATIENT

Garry Vandale

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Iacovides, DVM

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Williams

INVOICE

47369

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Evaluating for cardiomyopathy and also if any blood clots visible/suspect in the heart.
- Feb 17/26 - Presented for acute right fore limb lameness
- Based on exam suspect aortic thromboembolism

Abnormal PE/Chem/CBC/UA Results: Paw pads look nice and pink. - responded to sensation along leg and paw - thickened elbow noted. - Ddx: Radial nerve injury vs brachial plexus injury vs thromboembolic event - given inj Metacam and sent home with oral Metacam. - leg issue resolved within a few days March 12/26 - has recurred. Similar symptoms. - Paw pads look pink, but maybe feel a bit cooler than LF paw - Definite lower blood glucose reading in RF distal limb than ear prick or LF paw. - strongly suspect aortic thromboembolism in right fore leg March 19/26 - owner requested trial Convenia inj. - Convenia inj done March 24/26 - Discussion with owner - cat is using leg and bearing weight, but still knuckles over on it, doesn't put it flat. Since Convenia inj cat improved

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a borderline septal thickening. The remainder of the LV wall measures normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled 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 MR. Trace TR. Normal velocity. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

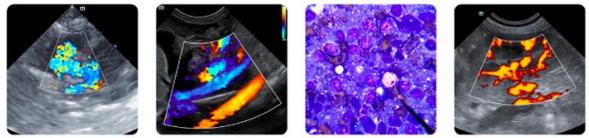
CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.8	NM	0.55	1.1	0.44	47	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	1.2	1.2	0.9	0.6	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 abnormality identified is a borderline focal septal thickening, which may be indicative of early hypertrophic disease or may simply represent a normal variant. A baseline BP and T4 are



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recommended. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance.

These findings would suggest a cardiogenic thrombus is ruled out in this case. Other possibilities should be considered based upon systemic evaluation.

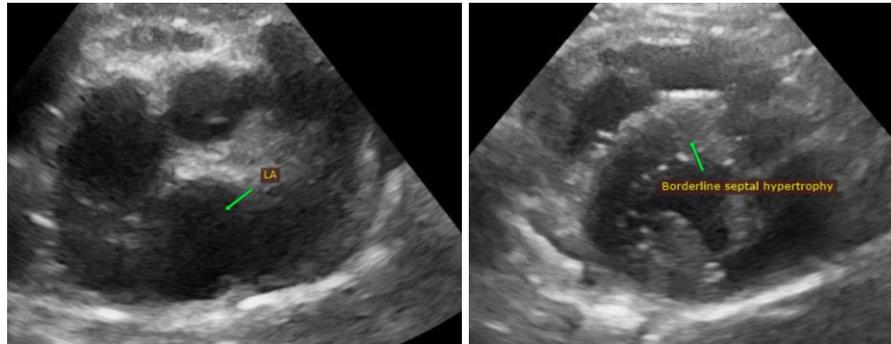
With a normal LA dimension, no medications are indicated. Prognosis is open pending assessing for progression.

Given these findings, 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. Risk for steroid use typically follows atrial enlargement, which in this case is low. That being said, any cat can develop acute intolerance and monitoring of RR/RE is recommended, particularly during the initiation phase.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

A recheck echocardiogram is recommended in 6-12 months to screen for any progressive changes.

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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