



**DATE CLINICAL BACKGROUND & STUDY DETAILS**

3.31.26

**PATIENT**

Dusty Smith

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2.9.16

**WEIGHT**

12.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Hickory VH

**REFERRING VET**

Dr. McCourt

**INVOICE**

47382

**History:** Presented for dental cleaning with likely full-mouth extractions (multiple broken teeth, severe gingivitis and periodontal disease, resorptive lesions). CXR show poorly defined cardiac silhouette, enlarged pulmonary vasculature, increased sternal contact. No murmur on auscultation, femoral pulses synchronous. Recommended echo to plan anesthesia +/- start cardiac medications, evaluate risk.

**ECG report** (Idexx): sinus rhythm with APCs.

**Pertinent abnormal PE/Chem/CBC/UA Results** (12/2025): increase plateletcrit, chem 21 elevated creatine kinase (1185) without hemolysis, urine UPC 0.3, USG 1.053, TT4 2.8

**Current medications:** N/A.

**Sedation used:** Not required to complete full diagnostic ultrasound.

**Pertinent previous ultrasound results:** No previous.

**STAT:** Not requested.

**Imaging performed by:** Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mildly hypertrophied papillary muscles. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle appears normal. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

**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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	5.9	NM	0.55	1.0	0.56	46	82
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>	NM	1.3	1.2		0.9	1.1	NM

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**

Overtly normal cardiac structure and function is identified in this study. The LV walls are borderline in dimension, which may be indicative of early hypertrophic disease or may simply represent a normal

variant. In addition, the LV is quite remodeled and irregular, which should be monitored going forward. Serial echocardiography will be necessary to determine progression of both findings. Regardless, no additional issues are identified, and the LA dimension is normal.

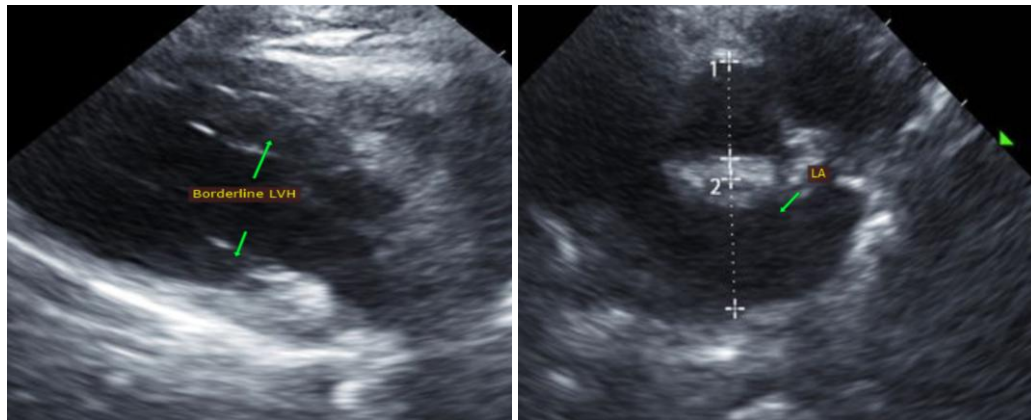
Presumably a fibrotic LV is enough to cause APCs; however, systemic/extra-cardiac causes must also be considered in a senior cat. Follow up/treatment should be dictated based upon the ECG report.

From a structural standpoint, no contraindication for general anesthesia. The APCs are a separate issue, and the ECG report should dictate protocol. Judicious IV fluid rates are advised to avoid fluid overload.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). No cardiac medications are clearly indicated.

A recheck echocardiogram and ECG are recommended in 6-12 months to screen for 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.

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