



**PATIENT**

Tony Morse

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Karen Ebersole,  
DVM, DABVP

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Fortin

**INVOICE**

30216

**DATE**

4/12/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Sedated with Gabapentin.

-Pertinent previous echo findings (12/2022 MML): Borderline septal thickening, trace AI. LA: 1.36, IVSd: 0.57, LVWd: 0.53.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is slightly asymmetric with a borderline septal thickening. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. False tendon. Remodeled papillary muscles. The left atrium is borderline in dimension. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. No PI. Trace 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 (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.1	176	0.59	1.2	0.49	50	94
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	1.3	1.3	1.3		1.0	0.9	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**

Unchanged cardiac dimensions and function. The septum remains borderline without progressive hypertrophy. The LA is also borderline, although unchanged from previous. Finally, trace AI is stable and routine BP monitoring is advised. No additional issues are identified.

Going forward, anesthetic risk is considered mild at this time; however, judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). No obvious contraindication for steroid therapy.

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.



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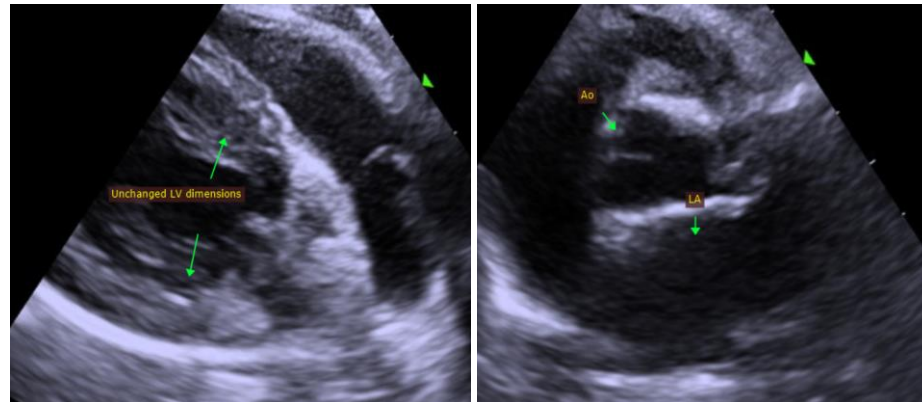
4/12/23

**PLAN**

Baseline BP recommended.

A recheck echocardiogram is recommended in 6-12 months to screen for progressive LA dilation and reassess murmur origin.

**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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