



**PATIENT**

Gru Babin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

14.7 years

**WEIGHT**

12.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Melinda Persson, DVM

**HOSPITAL NAME**

At Home Veterinary

**REFERRING VET**

Dr. Persson

**INVOICE**

47566

**DATE**

4/14/26

**PRESENTING CLINICAL SIGNS**

History: Elevated BNP. T4: 2.0. Grade 2-3/6 heart murmur

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The LV is mildly dilated with dysfunction. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	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>	5.8	NM	0.50	1.7	0.47	30	55
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <b>(Swe)</b> <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.5	1.5		0.8	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**

The finding of mild LA and LV enlargement in the face of normal LV wall thickness and LV dysfunction is most consistent with early Restrictive/Unclassified Cardiomyopathy (RCM), particularly in light of BNP elevation. Mild left atrial dilation alone suggests there may be risk for complication going forward. No significant valve leaks are identified, and flow through the great vessels is normal. No cause for the murmur is identified.

Regardless of categorical classification, any patient with LA enlargement should be monitored closely for progression. No medications are clearly indicated at this time. That said, if the patient is easily medicated there could be an argument for pimobendan in this case. Discussion with the owner is advised.

The prognosis is guarded prior to assessing for progression; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression



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to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

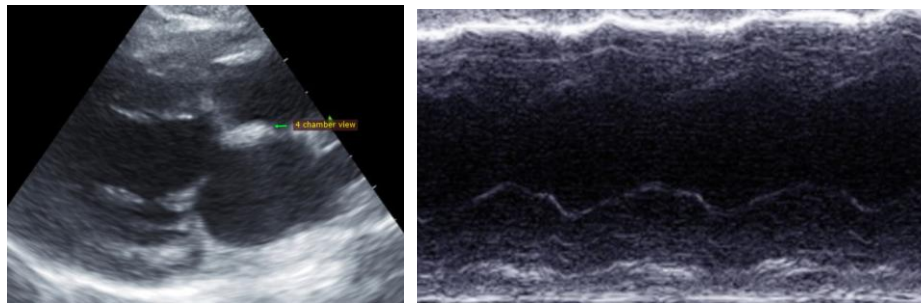
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention. Mild LA enlargement does suggest there may be slightly increased risk for complication.

## PLAN

Baseline BP recommended. Consider pimobendan if able; 1.25mg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess 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.

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