



**PATIENT**

Stanley Torvik

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

15.10 years

**WEIGHT**

11.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Greg Kuhlman, DVM

**HOSPITAL NAME**

Red River Animal  
Emergency Hospital &  
Referral Center

**REFERRING VET**

Dr. Kuhlman

**INVOICE**

47553

**DATE**

4/14/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. BP: 142mmHg. Labs (8/2025): WNL. Sedated with Torb.  
-Current medications: Atenolol 6.25mg SID, Cerenia 12mg SID, Clopidogrel 18.75 SID  
-Pertinent previous echo findings (10/2025 MML): Mild LVH, moderate LAE with smoke. LV: 0.63cm, LA: 1.7.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased 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 left atrium is moderately dilated with subtle smoke seen. The right atrium is normal in size. The right ventricle appears normal. SAM is seen on 2D/color flow imaging with moderate MR. Blood flow through the RVOT is normal in velocity. The LVOT is not assessed; however, the obstruction is seen on 2D imaging. Trace AI. No pleural or pericardial effusion. 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>	5.1	NM	0.65	1.0	0.64	52	86
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <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	1.7	1.7		NM	1.3	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Stable findings. No change compared to the prior study. The LA remains significantly enlarged with evidence of smoke; however, no progression is seen.

Given these findings, Atenolol and Plavix should be continued going forward. Prognosis remains guarded as there is risk for complication in this case. Patient will always be at risk for CHF, malignant arrhythmias and/or sudden death in the future.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.



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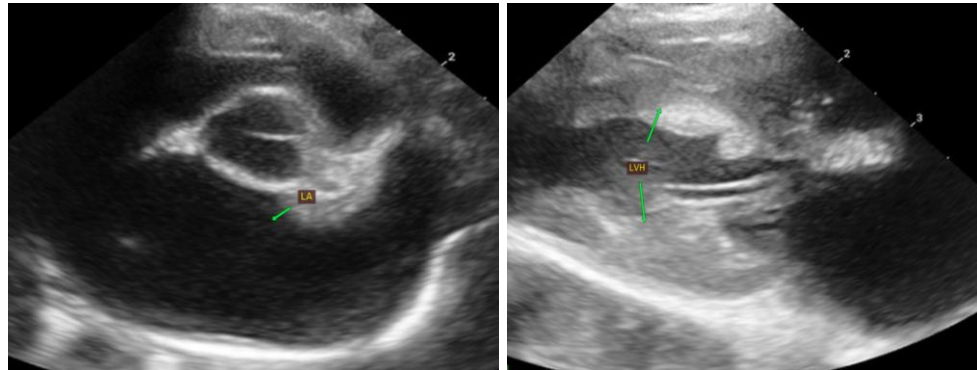
Anesthesia is not advised.

## PLAN

Continue 2 medications as prescribed. Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

## 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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