



PATIENT

Myrabelle Dubois-Santos

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12.8 years

WEIGHT

9.7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of Flanders

REFERRING VET

Dr. Villari

INVOICE

47667

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Heart murmur. BNP: 207. Assess prior to anesthesia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with a small chamber. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. Small left atrial dimension. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. 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 | 4.4 | NM | 0.62 | 0.9 | 0.60 | 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 | 1.1 | 1.0 | | 0.8 | 1.5 | 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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. That being said, pseudohypertrophy must also be considered depending on hydration/volume status and may be contributing. Regardless, the degree of disease is mild, with only mild LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. No cause for the murmur is identified in the study, making it likely physiologic in origin (i.e. due to stress and/or tachycardia). This type of murmur will also wax and wane with HR and volume changes. No additional issues are identified.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM. Prognosis is guarded long term, given the highly variable rates of



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progression with subclinical cardiomyopathy. Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

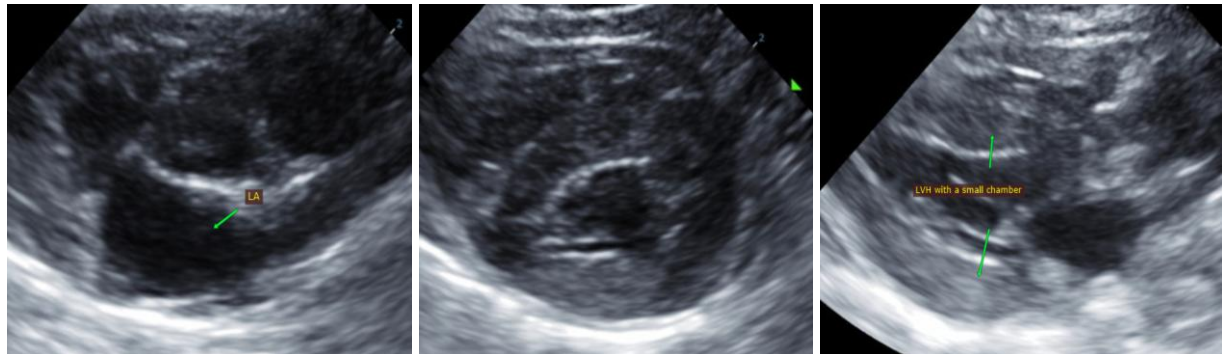
Anesthetic risk is considered mild; however, judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong. Further work up for alternative causes of neurologic signs.

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

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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