



PATIENT

Winnie Davis

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

9 years

WEIGHT

10.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Fleming

INVOICE

47678

DATE

4/26/26

PRESENTING CLINICAL SIGNS

History: Chronic dental disease - mild (22-Aug-2023). Grade 2/6 heart murmur (22-Aug-2023). Arrhythmia (22-Aug-2023). Patient well at home, will V hair occasionally, good appetite, last been to veterinarian 5 years ago, indoor only, rare C, rare V no D, will occasionally have stool stuck to hair at rear but has reacted poorly when owner attempt to shave area. Diet: maint dry.
-Abnormal PE/Chem/CBC/UA Results: Strong femoral pulses; Murmur - Gr 2/6 parasternal; Arrhythmia - Irregularly irregular CBC - Unremarkable; Chemistry profile - Unremarkable; Thyroid hormones - T4 2.5. BP: 4/21/2026- Cuff location Left hind foot; systolic 160 80 - 140 mmHg.

ELECTROCARDIOGRAPHIC FINDINGS

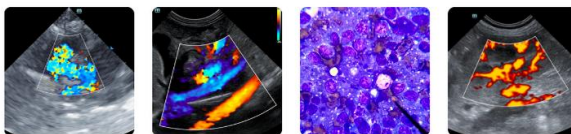
A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 130bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm.

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 left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Trace TR and PI; normal velocity. Blood flow through both the LVOT and RVOT is normal in velocity. The MPA and branches are prominent. 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 (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.9	NM	0.45	1.1	0.45	49	84
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)	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.3	1.1	0.9	0.7	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 & 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>							



PATIENT

Winnie Davis

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

9 years

WEIGHT

10.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Fleming

INVOICE

47678

DATE

4/26/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

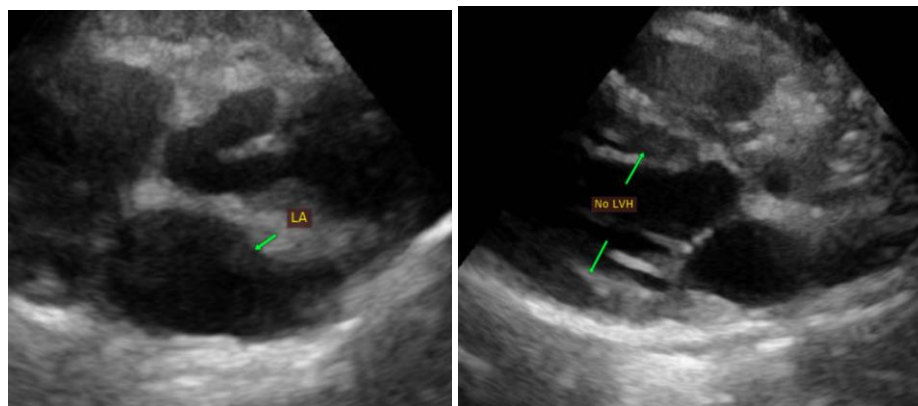
Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. The MPA and branches are prominent, which is of unknown significance without respiratory disease. Serial echocardiography will be necessary to determine progression and clinical relevance. Additionally, no cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

Given these findings, no medications are indicated. The ECG is normal with no arrhythmia seen. If the arrhythmia persists on exam, reassessment is recommended.

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to reassess murmur origin, and screen for development of disease the pre-existing murmur may mask.

IMAGES



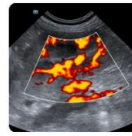
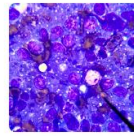
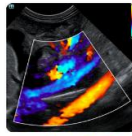
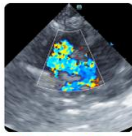
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Imaging
performed by



Paw Print Veterinary Services, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com  info@sonopath.com  1.800.838.4268

PATIENT

or if I can be of any further assistance, please contact me.

Winnie Davis

Maggie Machen Lamy, DVM

SPECIES

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

Feline

info@sonopath.com

BREED

DLH

SEX

Male Neutered

AGE

9 years

WEIGHT

10.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Fleming

INVOICE

47678

DATE

4/26/26