



PATIENT

Nahla Letizia

SPECIES

Feline

BREED

Bengal

SEX

Female Spayed

AGE

15.10 years

WEIGHT

7.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Striano-Kaplan, DVM

HOSPITAL NAME

Rasmey Veterinary
Hospital

REFERRING VET

Dr. Striano-Kaplan

INVOICE

47694

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Grade 4/6 heart murmur. Ataxia starting at 1pm.
On cyclosporin 100mg/ml 0.1ml SID, alprazolam 0.5mg/ml 0.5ml SID-BID
Abnormal PE/Chem/CBC/UA Results: Hypertensive- BP: 200mmHg. MPV 22.4 BUN 49 ALT 138

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 although bulbous in appearance. Mild to moderate anterior-directed Mr. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through 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) (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	3.4	NM	0.42	1.35	0.45	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	1.3	1.3		1.5	2.0	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 only cause of the murmur identified is mild to moderate mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM), neither of which are seen in this study. Mild MV thickening may represent early valve disease similar to as seen in dogs, and serial monitoring is advised particularly given the relatively large volume of regurgitation for a cat. The left atrium is normal, indicating low risk for clinical signs at this time. No LV hypertrophy is seen and the remainder of the study unremarkable for a nearly 16yo cat.

The reported blood pressure is elevated, which may be relevant in light of clinical ataxia. If this is thought to be an accurate reading, treatment may be warranted. That said, if there is any question on the readings reassessment is advised. Additionally if deemed accurate, screening for



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predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

Given a normal LA dimension, no medications are indicated and simple follow up is advised. Prognosis is guarded prior to assessing for progression.

These findings would suggest a cardiogenic thrombus is unlikely to be the cause of the recent ataxia. Further neurologic evaluation is suggested, particularly if ataxia persists despite normalization of BP.

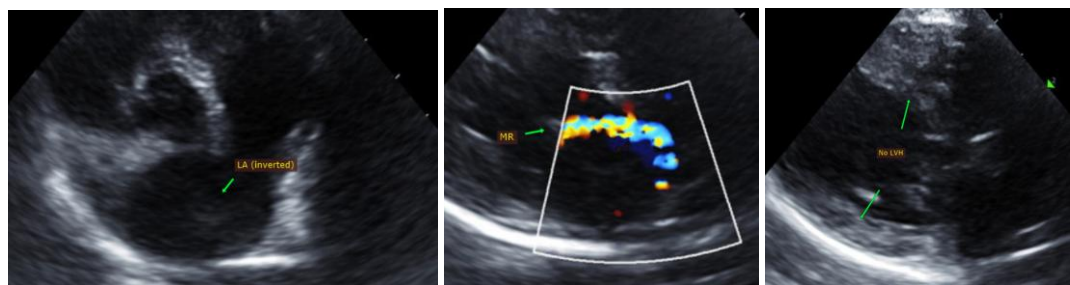
The risk for general anesthesia is low. Judicious IV fluid use is recommended. Risk for steroid use typically follows LA dilation, which in this case is low. That being said, any cat is at risk for unexpected intolerance and monitoring of RR/RE is recommended, particular during the initiation phase.

PLAN

Reassess BP v treat with amlodipine if indicated. Further work up for causes of SHT is advised. Further work-up for the episode as dictated by the clinical picture, particularly if recurrence is observed despite adequate BP control.

Recheck echocardiogram is recommended in 6 months, sooner if development of any clinical signs.

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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