

PATIENT

Evie Grimmatt

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7.10 years

WEIGHT

8.64lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Joanne Goodman,
DVM

HOSPITAL NAME

Evendale-Blue Ash Pet
Hospital

REFERRING VET

Dr. Goodman

INVOICE

47421

DATE

4/3/26

PRESENTING CLINICAL SIGNS

History: New heart murmur. Neutropenia and proteinuria on labs. Sedated with Gabapentin.
-Abnormal PE/Chem/CBC/UA Results: neutrophil count: 1.54K/ul UA: protein 1+.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and color flow is available. The left ventricular wall is irregular with regions of borderline hypertrophy noted. Normal LV chamber size. The papillary muscles are mildly remodeled. The left atrium is slightly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure with mild MR. Systolic anterior motion is seen on 2D and color flow imaging, although the LVOT velocity measures normal. The RVOT velocity is normal. 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	3.9	NM	0.53	1.35	0.50	63	94
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	1.4	1.4	1.6	0.8	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.

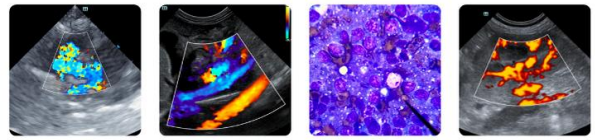
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is borderline LV hypertrophy with an LVOT obstruction and secondary MR. This may reflect early HOCM; however, a normal stressed-related variant is possible. Regardless, the LA is only slightly enlarged, which suggests low risk for complication. Serial echocardiography will be necessary to determine progression and clinical significance. No additional issues are identified.

Given these findings, no medications are indicated. Atenolol may be warranted should the obstruction worsen in the future; however, is not indicated at this time in this cat.

Prognosis is guarded prior to assessing for progression.

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



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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.

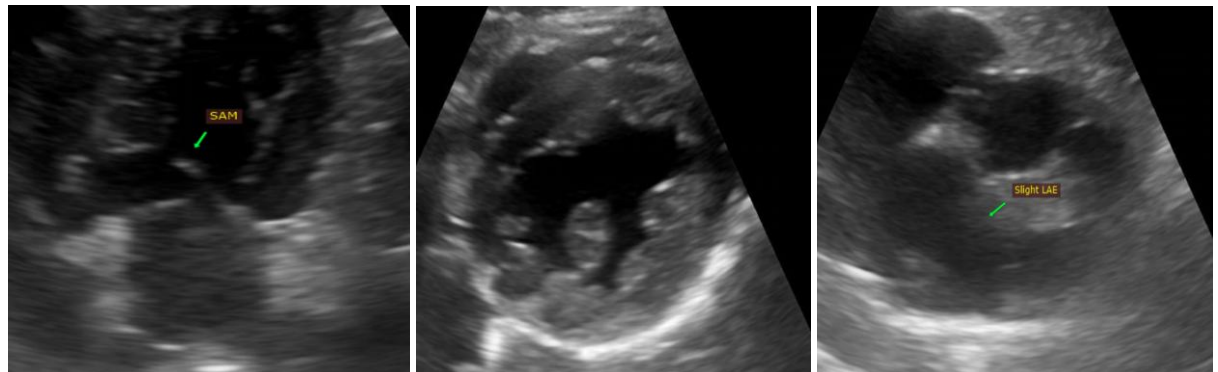
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

BP and T4 should be monitored every 6 months.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of 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.

Maggie Machen Lamy, DVM
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