

PATIENT

Pluto Haigler

SPECIES

Feline

BREED

Bengal

SEX

Male Neutered

AGE

3.10 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Linh

INVOICE

47450

DATE

4/7/26

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. Chronic intermittent vomiting. Elevated kidney values and ProBNP. -Abnormal PE/Chem/CBC/UA Results: CBC: HCT 48, platelets 235 (adequate), moderate eosinophilia 1653. CHEM: BUN 35, creatinine 2.3, mild hypernatremia 164, UA: USG 1.026, trace protein UPCr: 0.1 ProBNP 1260.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 140bpm. 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

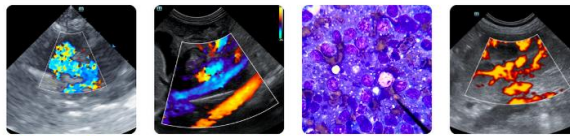
2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are asymmetric with a mild septal hypertrophy contrasting a normal free wall. There is a mildly hyperechoic endocardium consistent with fibrosis and remodeling. Mild papillary muscle remodeling. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is laminar and normal in velocity. Mild LVOT obstruction is suspected (not captured on doppler). No mitral regurgitation. No evidence of cardiac tumors or effusions in this scan.

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	4.4	NM	0.63	1.4	0.47	56	89
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.3	1.3	1.3	0.9	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>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild abnormalities are identified in this exam. The septal dimension is increased and there is a suspect LVOT obstruction. The remainder of the study is largely normal with no LA enlargement seen. A normal stress-related variant is possible; however, early HOCM cannot be ruled out



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particularly in light of BNP elevation. The remainder of the study is largely normal with no LA dilation. The ECG is normal with a sinus rhythm appreciated.

Given these findings, no medications are indicated at this time as there is little risk for complication. Prognosis is open.

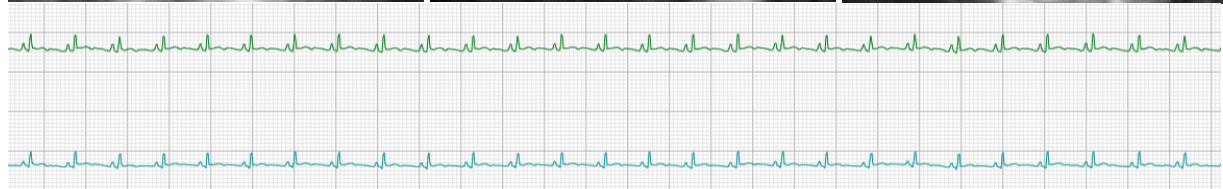
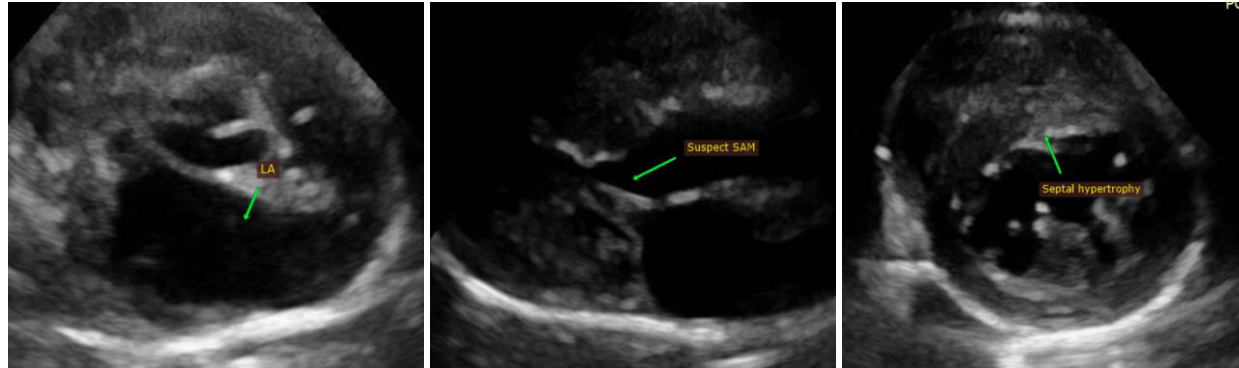
Anesthetic risk is low if needed, however this patient is at elevated risk for IV fluid overload given the diastolic dysfunction and remodeling; judicious fluid rates are advised. Avoid heart rate stimulating drugs such as glycopyrrolate or atropine. No other specific restrictions are necessary.

PLAN

Screening BP/T4 every 6 months recommended.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if any associated clinical signs 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com