



PATIENT

Lilo Petruk

SPECIES

Feline

BREED

Russian Blue Peterbald
Mix

SEX

Female Spayed

AGE

10 years

WEIGHT

5.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Stan Gira, DVM

HOSPITAL NAME

Fenvet Airdrie

REFERRING VET

Dr. Larsen

INVOICE

44771

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Presented for re-evaluation of her asthma and a new concern of abnormal vocalizations. While the asthma seems to be improving with medication (less wheezy, and coughing reduced, not as labored breathing), has developed episodes of making loud, guttural sounds ("screaming"). These episodes have been occurring for at least a month and are increasing in frequency.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Slight cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. The left atrium is slightly enlarged. The right atrium is slightly enlarged. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

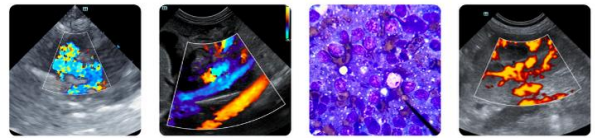
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.6	NM	0.50	1.35	0.40	58	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	1.4	1.0		1.0	1.1	NM
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. Both atria appear slightly enlarged, which may account for the radiographic appearance; however, neither are significant. The LV wall thickness is normal, and no significant valve regurgitation is identified.

Given these findings, the respiratory signs nor the episodes are likely to be cardiogenic in origin. Other possibilities should be considered.

Given these findings, no medications are indicated. Prognosis is open.



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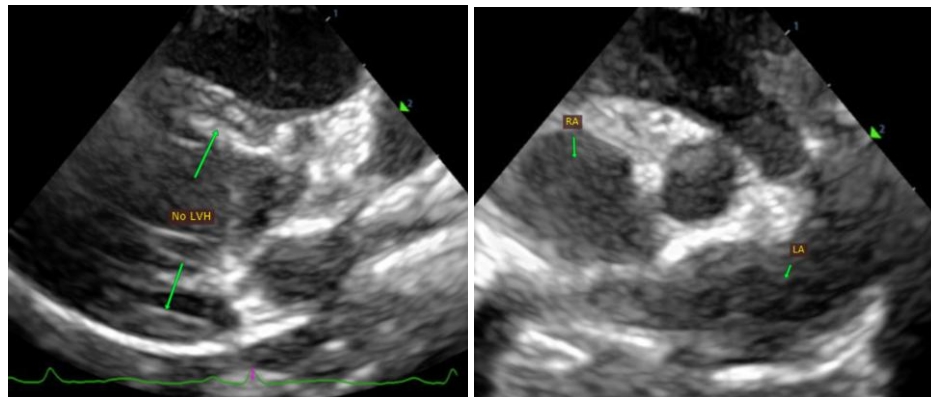
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Anesthetic risk is considered mild. Risk for complication with steroid use or fluid administration typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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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