



**PATIENT**

Ghost Soler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

3.10 years

**WEIGHT**

12lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Ferrer, DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dr. Gerena

**INVOICE**

46460

**DATE**

1/15/26

**PRESENTING CLINICAL SIGNS**

History: Presented with grade 2-3/6 heart murmur, recent tachypnea and pulmonary edema. Presented 1/13 with history of tachypnea and abdominal breathing effort. About 8 months ago, patient collapsed. Was started on Furosemide based on cardiomegaly and CHF seen on CXR.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly with evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is markedly increased in dimension with a slightly decreased chamber size. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hypertrophied. The endocardium also appears remodeled. Adequate myocardial function. The left atrium is mild to moderately dilated in size. No obvious spontaneous contrast seen. The right atrium is mildly enlarged. The right ventricle appears affected as well. The mitral valve is normal in structure and mobility with mild MR. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial or pleural effusion. No obvious cardiac tumors. Bradycardia is noted throughout.

**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	5.4	NM	0.78	1.2	0.84	40	76
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	1.7	1.7		1.2	NM	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**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be considered in this case, although given the age of the patient, primary disease is suspected. Some degree of pseudohypertrophy may be present, given the appearance of the LV and repeat lab work is suggested. Regardless, the left atrium is moderately enlarged, indicating risk for spontaneous CHF and/or blood clot events going forward. No additional structural issues are identified.

Bradycardia is noted throughout the study and P waves are difficult to identify on the attached tracing. Highly recommend an ECG in this case to determine the health of the conduction system.



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Given these findings, the diagnosis of CHF is likely and full cardiac support should be continued as below. It is worth mentioning that moderate LA dilation is somewhat surprising to develop organic CHF. Regardless, significant underlying structural disease is present and continued treatment is recommended as below.

The mean survival time for cats with CHF is 8-12 months; however, most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

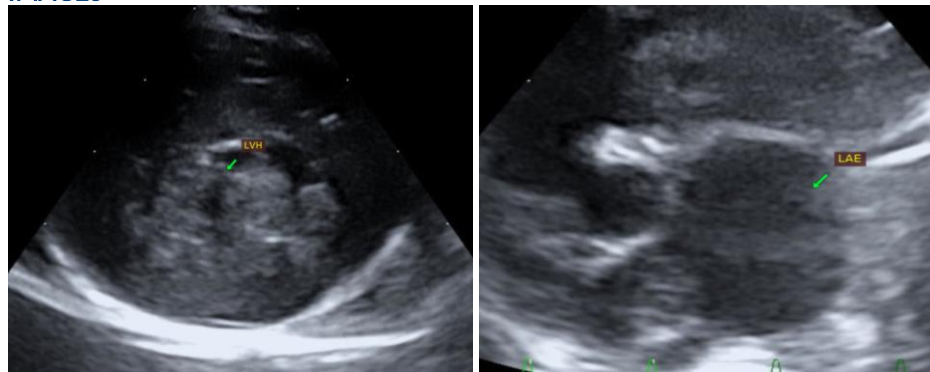
## PLAN

Baseline ECG and BP are strongly recommended. If stable, discharge on the following: Administer diuretic 1-2mg/kg PO q12h. Administer Pimobendan 1.25mg PO q12h. If able, administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h. If difficult to medicate or hypotensive, do not utilize.

A recheck echocardiogram is recommended in 6 months to assess 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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