



PATIENT

Rusty Black

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

15.3 years

WEIGHT

14.14lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Melinda Persson, DVM

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

46472

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Diagnosed with left-sided CHF in November 2025 at ER visit for respiratory distress based on POCUS which revealed moderate pleural and scant pericardial effusion and an enlarged left atrium. -Current medications: Pimobendan 1.25mg BID, Furosemide 12.5mg BID, Clopidogrel 18.75mg SID, Renaplus gel (4ml BID). *Currently doing very well.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with regions of irregularity. The LV is dilated. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and remodeled. Systolic function is mildly depressed. The left atrium is severely dilated and bulbous in appearance. No obvious smoke in the LA. Trace mitral regurgitation. Mild tricuspid regurgitation. Normal TR velocity. The right atrium is moderately dilated. The right ventricle is mildly dilated. Blood flow through both the LVOT and RVOT are decreased in velocity. Small volume pericardial effusion. No obvious pleural effusion. No cardiac tumors identified.

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	6.4	NM	0.57	2.0	0.55	35	68
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	2.0	2.1	2.1		0.7	0.7	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

The finding of severe biatrial enlargement in the face of borderline LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM), however end-stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The right heart also appears affected with moderate right atrial enlargement. MR/TR are suspected to be secondary. No additional structural issues are identified.

These findings do support a history of CHF in this case. Of concern, there is significant pericardial effusion present, despite a relatively high dose of diuretic therapy. Addition of Spironolactone is recommended, in hopes of stabilizing the situation. If any clinical signs arise, a dose increase in Lasix may also be necessary.

Going forward, the patient will always be at risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Prognosis is poor long-term with a mean survival time of <1 year when CHF is confirmed. Most patients are able to



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maintain good quality of life assuming medications are tolerated. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

PLAN

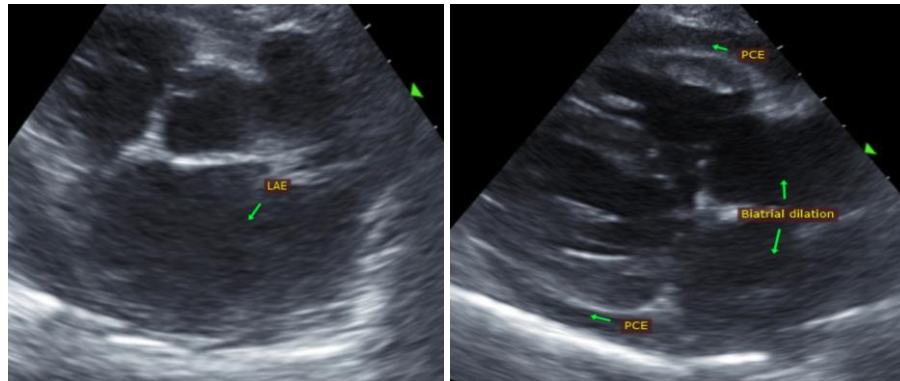
Continue Plavix, Lasix and Pimobendan as prescribed. Institute Spironolactone 6.25mg PO q12h.

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once patient is deemed normotensive (>130mmHg) and is eating well at home, consider addition of an ACEI 0.5mg/kg PO q12h.

Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

Recheck echocardiogram in 6 months to assess for progression, sooner if clinical signs arise in the interim.

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.

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