



PATIENT

Selby Cameron

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

1.5 years

WEIGHT

12.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Queensway VH

REFERRING VET

Dr. Alashraf

INVOICE

46500

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well.

-Current medications: Furosemide at 1-2mg/kg PO q12h, Clopidogrel 75mg tablets, give ¼ tab orally once daily, Vetmedin 1.25mg PO q12h.

-Pertinent previous echo findings (8/2025 MML): Severe LAE, mild LVE, PCE/pulmonary edema consistent with CHF. LA/AO: 2.2, LV: 1.6.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium appears normal. The papillary muscles are normal in size and architecture. 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. No MR seen.

Normal flow through both the RVOT and LVOT. No obvious TR, AI or PI. No congenital defects are observed. 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	5.5	120	0.46	1.5	0.49	47	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	1.3	1.3	1.2	1.0	1.2	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

Unusual case. Previously significant left atrial dilation has entirely resolved, and there is certainly no further evidence of active effusion. The LV remains normal, as was documented previously. Flow through the great vessels is normal, and no significant valve regurgitation is identified.

These findings likely suggest some sort of transient issue was at play, which led to the previous episode of CHF and LA dilation. This is quite unusual to see in the absence of systemic illness or some insult to myocardium. Regardless, this findings would suggest this patient's issue has resolved and there is low risk for complication. It is reasonable to wean the medications as below with periodic reassessment in the future. Prognosis is open due to the unusual nature of the case.

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.



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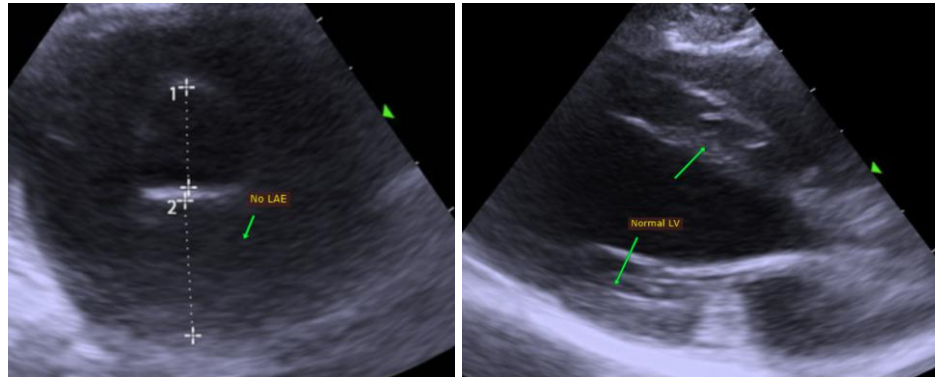
1/20/26

PLAN

Discontinue Plavix and Pimobendan. Wean Lasix by 50% for 1 week, then discontinue.

Recommend recheck echocardiogram in 6-12 months 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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