



PATIENT

Avola Grande

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

16.5 years

WEIGHT

8.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound
Services

REFERRING VET

Dr. Gonzalez

INVOICE

46575

DATE

1/26/26

PRESENTING CLINICAL SIGNS

History: Presented on 1/19/2026 with respiratory distress, crackles auscultated. CXR showed pleural effusion CHF. Started on Furosemide IV and responded well. Elevated BNP. Effusion results: Lymphocyte-rich effusion. FIV/FelLV negative
-Current medications: Furosemide [10mg/ml]1.5ml PO BID and Clopidogrel 75mg 14 tab PO SID.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is decreased with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is severely dilated. Significant spontaneous contrast; no obvious thrombus. Mild central MR due to annular stretch. The right ventricle is also affected, with mild fibrosis and remodeling. Mild RA dilation. No significant TR. Blood flow through the RVOT and LVOT is low normal velocity. Trace pericardial effusion. No significant pleural effusion. No obvious cardiac tumors.

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	3.7	145	0.40	1.4	0.45	35	60
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	2.2	2.0		0.5	0.7	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

The finding of severe left atrial enlargement in the face of normal LV wall thickness and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM); however, some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. Severe left atrial dilation is present, resulting in insufficiency of the mitral valve. Systolic dysfunction has developed, and there is evidence of diastolic dysfunction as well. No additional pathology is appreciated.

The finding of this degree of atrial dilation confirms the origin of the tachypnea and effusion is spontaneous congestive heart failure, and lifelong medications are warranted as below. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc). **Consider hospitalization for continued stabilization, oxygen and Lasix therapy. The prognosis is poor to grave**, with a mean survival time for cats with CHF <8-12 months if able to be stabilized; however, most are able to maintain a good quality of life on medications for some time.



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Once stable, there will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

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Anesthesia, fluid or steroid therapy should be avoided lifelong in this patient.

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Plan: Consider hospitalization, oxygen, IV diuretic in hospital until stable. Discharge on oral medications: Administer furosemide 1-2mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan (off label use) 1.25mg PO q12h.

SEX

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Recheck renal values and BP in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

AGE

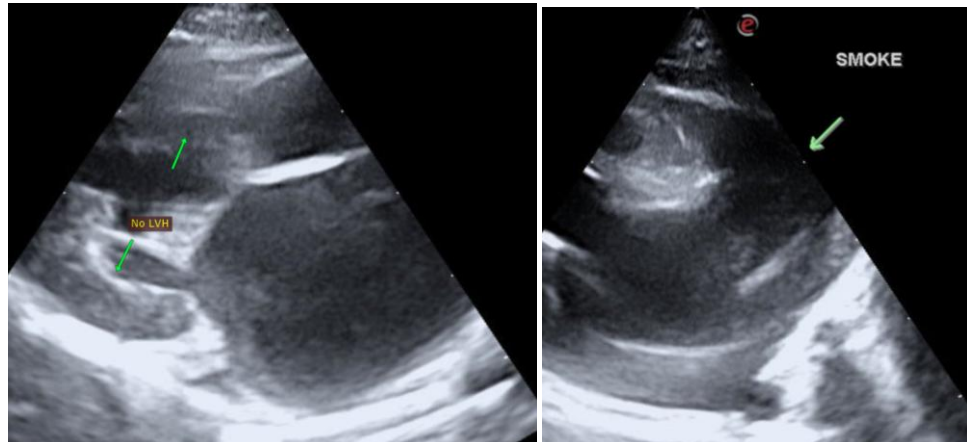
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A recheck echocardiogram is recommended in 6 months to assess for progression.

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IMAGES



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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.

INVOICE

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