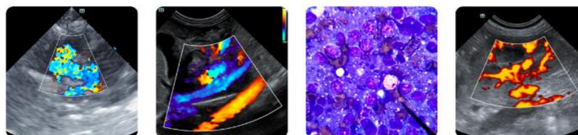


PATIENT
Mickey Rondinella

SPECIES
Feline

BREED
Devon Rex

SEX
Male Neutered

AGE
12 years

WEIGHT
9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Kitz, DVM

HOSPITAL NAME
Woodlands Animal Hospital

REFERRING VET
Dr. Kitz

INVOICE
46614

DATE
1/28/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Presented last summer with history of two suspected syncopal episodes. Proceeded with echo (see below). Decided to not start Atenolol and monitor. Presented at ER a few weeks ago with labored breathing. Radiographs showed CHF and started on Furosemide 12.5mg - 1/2-tab BID, and Clopidogrel 75mg - 1/4-tab SID following stabilization at the ER. Doing well since.
PE today: Grade 3/6 heart murmur. Gallop rhythm. Lungs clear and normal RR/RE. BPL 130mmHg. Stable renal function. Sedated with Bonqat and Torb.
-Pertinent previous echo findings (8/2025 EL): LVH with SAM.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Cardiomegaly. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 20mm/mV. The average heart rate is 200bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

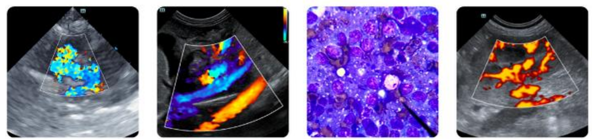
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with a significant basilar septal thickening contrasting free wall thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscles are asymmetric with significant hypertrophy. The right ventricle appears normal. The LV function is adequate. There is severe left atrial enlargement present with a horizontal component. No right atrial enlargement present. Suspect systolic anterior motion (SAM) of the mitral valve with secondary MR, although the LVOT velocity is normal. No TR. Normal RVOT velocity. No pericardial effusion noted. No pleural effusion noted. 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	4.1	NM	0.77	1.5	0.45	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	2.2	1.85	1.4	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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is suspected to be end-stage hypertrophic obstructive cardiomyopathy (HOCM), based upon the prior report. This indicates LV thickening with evidence of end-stage physiology and regions of thinning. Significant left atrial dilation is noted, indicating the risk of spontaneous CHF and/or a thrombotic event is and will be elevated lifelong. The difference between this evaluation and the prior report is significant and may suggest an infarcted region. The ECG is unremarkable with a normal sinus tachycardia.

Given these findings and reported prior symptoms, the diagnosis of CHF is supported, and continued lifelong medications are warranted as below, including Lasix and Plavix. Atenolol is often used in these cases; however, is not recommended with end-stage changes. The prognosis is poor for cats with CHF long term; however, most are able to be managed for an average of 6-12 months on medications if tolerated.
Elective anesthesia is NOT advised.

Monitor at home for any respiratory signs or sign of blood clot events (neurologic change, paralysis, etc.).

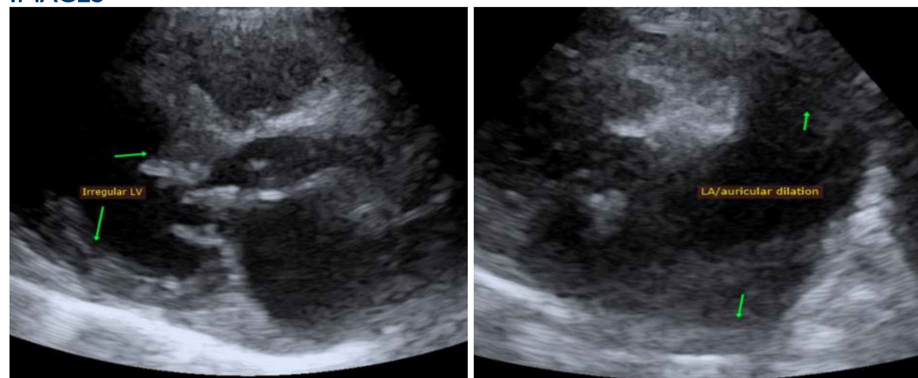
PLAN

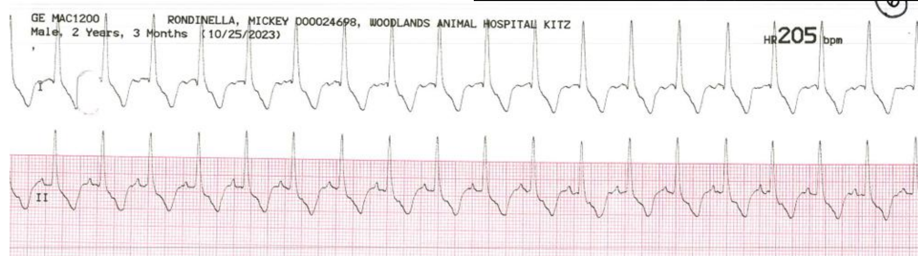
Continue Lasix 1-2mg/kg PO q12h. Continue Plavix 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety). Administer ACE-I 0.5mg/kg PO q12h (pending BP >130mmHg). Monitor BP and T4 every 6 months lifelong.

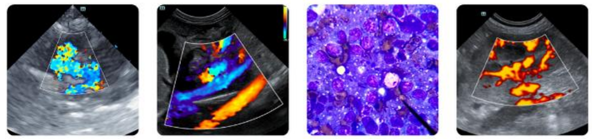
Recheck renal values and BP in 1-2 weeks, then every 3-4 months lifelong.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com