



PATIENT

Kuy Mahally

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

17 years

WEIGHT

10.05lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Ziegler Post,
DVM

HOSPITAL NAME

For Cats Only
Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

46632

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History: Irregular heart sounds. Elevated BNP.

ECHOCARDIOGRAM FINDINGS

Limited 2D, m-mode and color flow imaging is available. The left ventricular wall is mildly hypertrophied. Mild remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is marked left atrial enlargement present for this body size. Marked right atrial enlargement present. The RV appears normal (subjective). There is scant pericardial and pleural effusion appreciated.

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	4.5	NM	0.64	1.45	0.63	45	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	NM	2.5	2.0		NM	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 once a patient is deemed normotensive and euthyroid. Both should be considered in this case. Regardless, what is seen here is severe with marked biatrial dilation. Pericardial and pleural effusion are seen suggesting this patient is in early CHF. Finally, it is worth noting that without spectral doppler, this is not considered a complete study and small abnormalities may have been missed.

Given these findings, full cardiac support should be instituted going forward. Prognosis is poor long-term, particularly given the age of the patient. Assuming we can stabilize the patient on medications, our hope is to maintain QOL for the short-term.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). High risk for iatrogenic fluid or steroid overload in the future.

Anesthesia is not advised at this time.

PLAN

Screening BP and ECG recommended. Institute Lasix 1mg/kg PO q12h. Institute Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan 0.625mg PO q12h.



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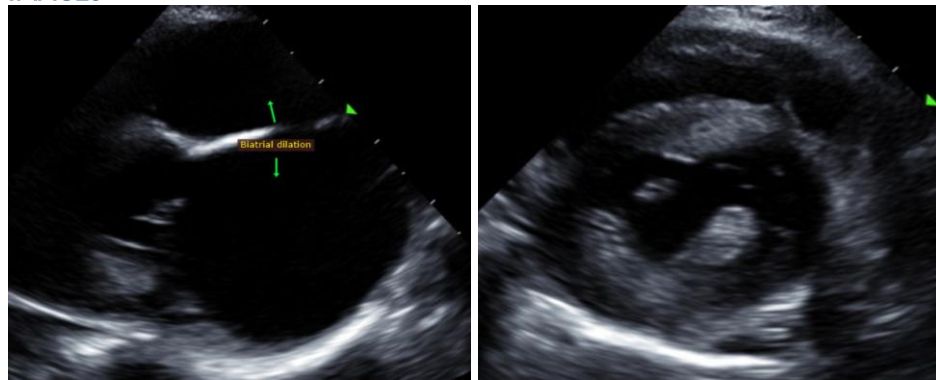
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Recheck BP renal values in 10-14 days, then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

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

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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