



PATIENT

Mr. Bones Gair

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

15 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Laurentino, DVM

HOSPITAL NAME

South Saskatchewan
Animal Hospital

REFERRING VET

Dr. Johnston

INVOICE

46324

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Presented 1/4/26 for sudden onset of breathing issues, lethargic, inappetent and febrile. Treated with IVF, Metacam, Ampicillin, Methadone and Emavert. Tachycardia and hypertensive on PE - persistent (has improved some with increased Amlodipine to 2.5mg q24h). Significant lumbar spine pain and spondylosis noted on PE and CXR.

CBC: mild to moderate leukocytosis characterized by a neutrophilia and monocytosis

Chem: mild increase SDMA and BUN with normal Cre, mild hypokalemia (resolved), mild hyperglobulinemia T4: mild hyperthyroidism despite treatment with Felimazole U/A: USG 1.014 with inactive sediment.

BP: 276mmHg on 1/4/26 (on Amlodipine 1.25mg PO SID). 1/5/26: 194mmHg. 1/6/26 (dose was increased to 2.5mg PO): 169mmHg; later on, the day 133mmHg. Sedated with Methadone and Alfaxalone.

-Current medications: Amlodipine 1.25mg PO q24h, Felimazole 2.5mg PO q12h, Solensia SQ q30days.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and color flow imaging is available. The left ventricular wall is borderline normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. Both atria are moderately dilated. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No pleural or pericardial effusion seen. 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	4.5	NM	0.55	1.4	0.56	58	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	1.7	1.6		NA	NA	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 biatrial dilation in the face of borderline normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, tachycardia-induced cardiomyopathy or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is borderline normal wall thickness noted today, ruling out typical hypertrophic disease. No additional issues are identified; however, spectral doppler is not included.

The patient is noted to be reportedly hyperthyroid as well as hypertensive, both which may be enough to explain these findings at least in part. Uncontrolled hyperthyroidism can result in atrial



PATIENT

Mr. Bones Gair

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

15 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Laurentino, DVM

HOSPITAL NAME

South Saskatchewan
Animal Hospital

REFERRING VET

Dr. Johnston

INVOICE

46324

DATE

1/6/26

enlargement over time and may be the case here. Despite that, the real question is whether CHF is the cause of respiratory signs in this case. This cannot be determined based upon these findings, as CHF is a radiographic diagnosis. Chest radiographs should be obtained with a Radiologist review. My assumption is this is a case of noncardiogenic respiratory issues; however, that is speculative.

Given atrial enlargement, Plavix is recommended as below. Additionally, further workup/treatment for hypertension should be dictated by IM.

Given these findings, the prognosis is guarded. If the thyroid is controlled and the atrial enlargement improves, then certainly this may have a relatively good outcome. That said, there may be risk for recurrent CHF, development blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

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

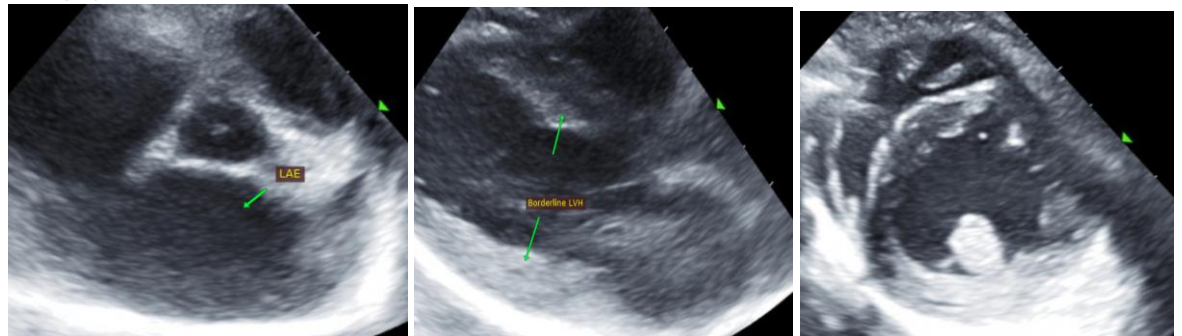
Anesthesia is not advised in the short term.

PLAN

Further workup for respiratory signs is recommended through CXR with a Radiologist review. Institute 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Follow up and treatment of systemic hypertension should be dictated by IM. Certainly, adequate thyroid control should be obtained.

Recheck echocardiogram is recommended in 6 months.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com