



PATIENT

Sadie Hodosh

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14.8 years

WEIGHT

12.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr. DeMeo

INVOICE

46323

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Controlled hyperthyroidism. Daily cough.

-Current medications: Methimazole 0.25mg BID, Clopidogrel 18.75mg SID, Vetmedin 2.8mg daily.

-Pertinent previous echo findings (5/2025 MML): UCM with moderate LAE, mild LV dysfunction. LV: 0.50/1.8/0.50, FS: 35%, LA: 1.7. Arrhythmia noted; however, follow up ECG was normal.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 5mm/mV. Global low voltage complexes impedes careful interpretation. The average heart rate is 160bpm. P waves cannot be seen, likely due to low voltage complexes. Some irregularity is noted with brief pauses suspected.

ECG diagnosis: Suspect sinus rhythm with inappropriate pauses; however, a repeat ECG is recommended.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with no significant hypertrophy appreciated. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled. Mild LV dilation. Systolic function is depressed. The left atrium is moderately dilated. The mitral valve is mildly thickened. No MR. The right atrium appears normal. The right ventricle appears normal. No TR. Blood flow through both the LVOT and RVOT is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors. Arrhythmias are noted throughout the study.

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 | 5.7 | NM | 0.45 | 1.7 | 0.35 | 22 | 48 |
| 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 (m/s) | RVOT VEL (m/s) | E max (m/s) | |
| NORMAL | <1.5 | <1.3 | <1.2 | <1.6 | <1.3 | <0.9 | |
| PATIENT | 1.9 | 1.7 | 1.7 | 0.9 | 0.6 | 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

Compared to the prior study, findings are largely similar. The LV wall thickness is decreased, and the systolic function slightly progressed; however, LA dimension is unchanged. The ECG is unfortunately non-diagnostic. What can be said is the rhythm does have some irregularity to it and P waves are difficult to visualize. This may simply be due to device insensitivity in a single lead tracing. **A six-lead tracing should be obtained if possible.**

Given these findings, continue two medications as prescribed. No obvious additional medications are necessary prior to symptoms.



PATIENT

Prognosis is guarded with high risk for complication in this case and close monitoring is advised.

Sadie Hodosh

Anesthesia is not advised.

SPECIES

PLAN

Feline

Continue Pimobendan and Plavix as previously described. A six-lead tracing should be obtained if able, particularly if any acute lethargy or syncope develop.

BREED

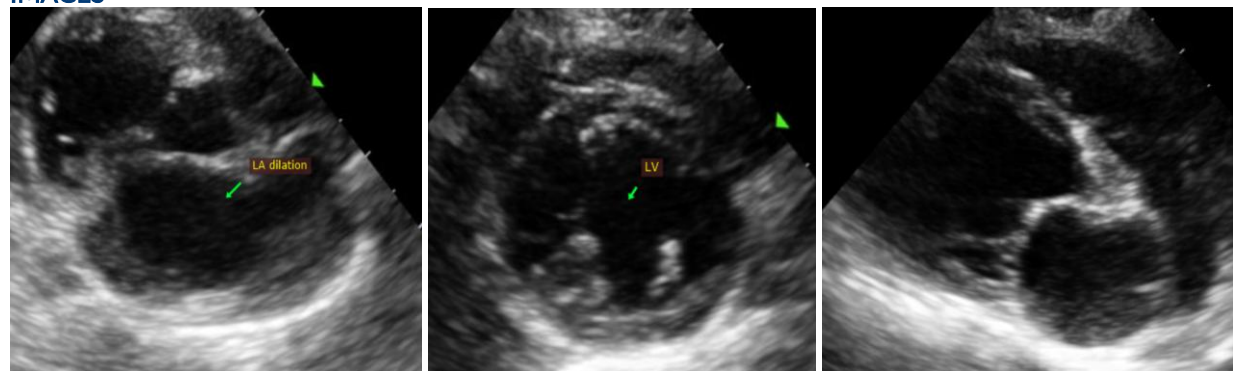
Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical signs arise.

DSH

IMAGES

SEX

Female Spayed

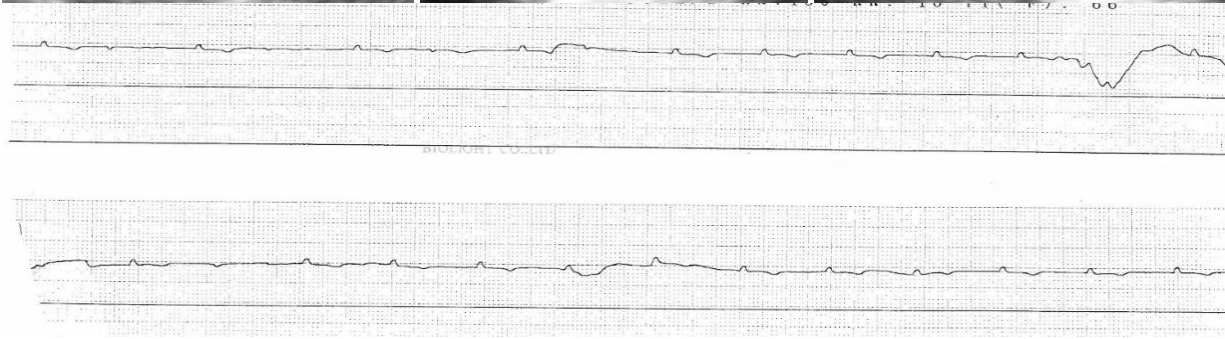


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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