



DATE PRESENTING CLINICAL SIGNS

11.10.25 History: Recheck echo. Treated by Radiocat 3 different times since 2022. T4 levels have gone down to normal range and then rise again. Radiocat thinks it is from separate nodules arising each time. FIV positive. Diagnosed with Bowenoid in situ carcinoma Nov 2022. Treat crusty spots with Kubanda cryoprobe as needed. PE: Grade 2/6 heart murmur. Weight loss of 2 pounds in past year as of May 2025.

PATIENT

Midnight Abarbanel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6.11.10

WEIGHT

8.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

INVOICE

45685

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-Current medications: 1.25mg Vetmedin BID, 1.25mg Methimazole BID (this was increased two days after the echocardiogram in May 2025 b/c his thyroid level was still towards the high end of normal)

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (5/12/25 MML): No LVH, mild LVE, LV dysfunction. LV: 1.8, FS: 32%, LA: 1.5, LA/AO: 1.6. Trace MR.

-STAT: Declined at this time.

-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular without significant hypertrophy. The LV chamber is increased with increased sphericity. Moderate systolic dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and irregular. The endocardium also appears remodeled. The left atrium is severely dilated. Smoke visualized. No obvious thrombi. The mitral valve is normal in structure and mobility. Mild MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT are normal in velocity. No aortic insufficiency. No pleural and small volume pericardial effusion seen. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.9	NM	0.48	2.0	0.57	37	70
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	2.3	2.1	1.4	0.9	NM	

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, there is evidence of significant progression. The LA is now severely enlarged with development of smoke, which suggests increased risk for complication. The LV appearance and function are similar to previous. No additional structural issues are seen.

The finding of this degree of left atrial dilation and pericardial effusion is consistent with early congestive heart failure and full cardiac medications are warranted as below. If the patient has any clinical compromise in the near future immediate hospitalization should be considered.

The prognosis is poor, with a mean survival time for cats with CHF <8-12 months; however, most are able to maintain a good quality of life on medications if able to be stabilized. 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.

Elective anesthesia is not advised.

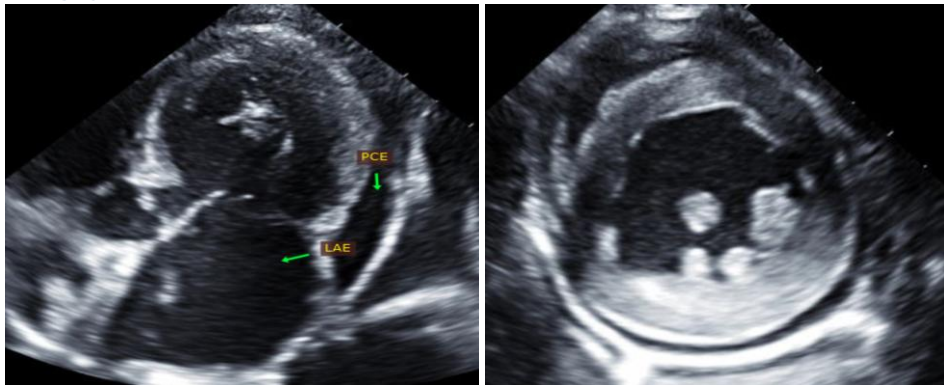
PLAN

Consider hospitalization if the patient experiences any clinical decline. Institute 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). Continue Pimobendan (off label use) 1.25mg PO q12h.

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

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

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
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