



PATIENT

Benjamin Schifano

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

15.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kevin Kicker, DVM

HOSPITAL NAME

Wauwatosa Veterinary
Clinic

REFERRING VET

Dr. Haynes

INVOICE

45713

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Presented 11/3/25 for weight loss, open mouth breathing & tachypnea for at least 1 week. Administered Convenia & Furosemide on 11/3/25. History of thyroid disease; treated with methimazole. Chronic enteropathy; treated with Budesonide. BNP: 1500.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly with concern for CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with moderate hypertrophy overall. Mild LV dilation with mild dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is mild papillary muscle remodeling. The left atrium is severely enlarged with auricular involvement. No obvious smoke or thrombi appreciated. The right atrium is severely enlarged. The right ventricle appears mildly affected as well. The mitral valve appears largely normal. No evidence of systolic anterior motion; however, outflow velocities are not adequately assessed. Trace MR. No TR. Small volume pericardial effusion. No pleural effusion seen. No obvious cardiac masses.

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	7.1	230	0.70	1.5	0.68	36	69
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	2.5	2.2	2.0	1.2	0.5	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 suspected diagnosis is end-stage/burnout HCM phenotype. This is based upon an irregular LV with development dysfunction. Both atria are significantly enlarged, indicating high risk for spontaneous CHF and/or blood clot events. Systemic hypertension should be ruled out as a possible causative factor (assuming the thyroid is well controlled). Regardless of cause, the degree of disease is severe and small volume pericardial effusion is noted, which is most consistent with early CHF.

Given these findings, continued full lifelong cardiac supportive medications are recommended as below. If the patient is or becomes tachypneic, a dose of injectable Lasix may be helpful (2mg/kg) +/- recommend referral for overnight supportive care/oxygen therapy. A repeat thoracocentesis may also be warranted.



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The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

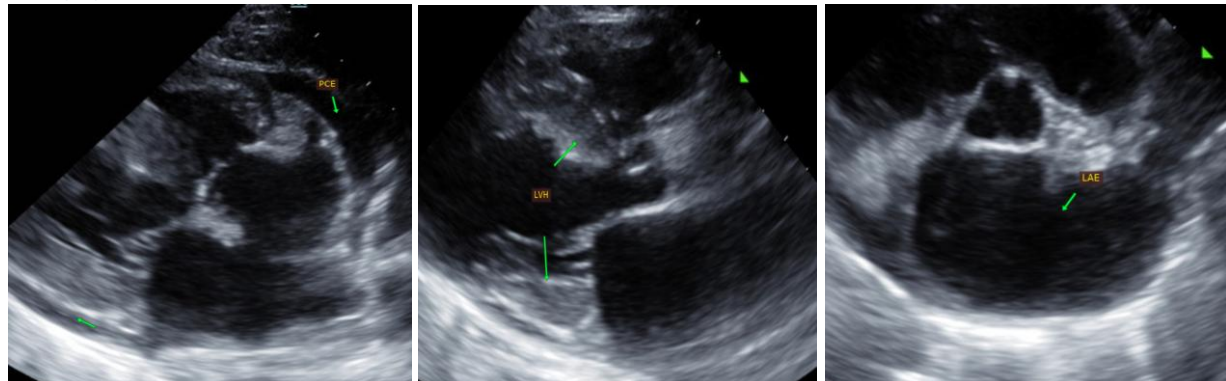
PLAN

Screening BP/T4 every 6 months. Consider injectable Lasix dose and hospitalization if indicated. Continue Lasix 1-2mg/kg PO q8-12h as needed. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administer in a gel cap). Institute Pimobendan 1.25mg PO q12h (consider a nonflavored version).

Monitor renal values, BP and effusion status in 1-2 weeks. If normotensive and doing well at that time, institute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Monitor BP and renal values every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess 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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