



**PATIENT**

Max Cody

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

11lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Meghan Morse LVT,  
 CVT

**HOSPITAL NAME**

Kingston Animal  
 Hospital

**REFERRING VET**

Dr. Enkler

**INVOICE**

45734

**DATE**

11/13/25

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 5/6 heart murmur.

-Current medications: Clopidogrel 75mg 1/4tab SID, Spironolactone 25mg 1/4tab BID, Furosemide 10mg BID, Benazepril 2.5mg SID, Pimobendan 1.25mg BID

-Pertinent previous echo findings (Hudson VI- 11-2024): RCM with severe LA/RA dilation and CHF. LV 2.2, FS 66, LA 2.4, LA:Ao 2.2

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Severe LV dilation with adequate function. The papillary muscles are mildly remodeled. The left atrium is markedly dilated. Subtle spontaneous contrast; no obvious thrombus. The right ventricle is mildly enlarged. Mild RA dilation. Blood flow through the RVOT and LVOT is low normal velocity. No pericardial or pleural effusion. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	NM	0.40	2.4	0.37	42	80
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	2.8	2.6	2.5		1.5	1.2	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>                      Adapted from June Boon, Veterinary Echocardiography, 1998                      Abbott J &amp; 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of marked left atrial enlargement in the face of a dilated LV and normal wall thickness is most consistent with Restrictive Cardiomyopathy (RCM), as was previously diagnosed. The findings are quite similar to the prior report which is good. The right heart is also affected, to a much lesser extent. No additional structural issues are seen; however, an arrhythmia is readily apparent and **an ECG should be obtained.**

These findings would certainly support a prior diagnosis of CHF. Given that the patient is doing well at home, continue all medications as prescribed. **The prognosis is poor**, with a mean survival time for cats with CHF <8-12 months if able to be stabilized; however, most are able to maintain a good quality of life on medications for some time as it appears to have been the case here.

Going forward, 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.



**PATIENT**

Anesthesia, fluid or steroid therapy should be avoided lifelong in this patient.

Max Cody

**PLAN**

Continue Lasix, Pimobendan and spironolactone as prescribed. If renal values are normal and BP is >140mmHg, consider increase Benazepril to q12h dosing.

**SPECIES**

Feline

Recheck renal values and BP every 3-4 months lifelong.

**BREED**

DSH

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

**SEX**

Male Neutered

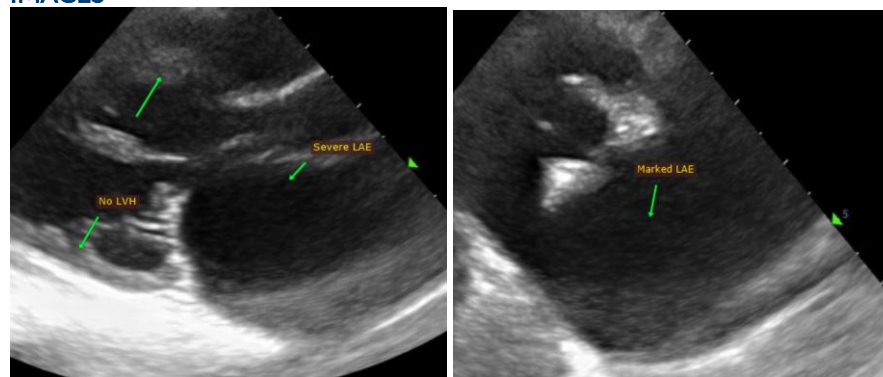
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**IMAGES**



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(Cardiology)

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.

**IMAGING PERFORMED BY**

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