



PATIENT

JJ Barton

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

10 years

WEIGHT

4.1

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

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DVM

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24/7 / ER
doctor

INVOICE

45791

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Presented for re-evaluation due to a lack of improvement following a visit yesterday for inappetence and gastrointestinal upset and suspected UTI. Has remained lethargic, inappetent, and has not been drinking. Abnormal breathing, which was first noticed when the owners returned from a trip and has persisted. Patient hospitalized. Treated with 1. O2 via mask or O2 kennel. 2) Maropitant 1mg/kg IV q24h. 3) Furosemide 2mg/kg IV given as a bolus. 4)Furosemide 2mg/kg IV Q2H - adjust as needed 5. Butorphanol 0.2 mg/kg IV Q4H 6. Pimobendan 1.25 mg PO Q24H 7. Ampicillin 22 mg/kg IV Q8H 8. SpO2, RR, T, HR and BP hourly 9. TFAST Q 4H. Thoracocentesis performed. Elevated BNP. -CXR showed CHF with pleural effusion.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with moderate septal hypertrophy contrasting minimal free wall thickening. There is a mildly hyperechoic endocardium consistent with fibrosis. Adequate systolic function. There is papillary muscle hypertrophy and remodeling. The left atrium is severely dilated with a horizontal component. No smoke; no obvious thrombus. The right atrium is normal. The right ventricle is normal. The mitral valve is normal, although not extensively visualized. Trace central MR. No significant TR. Flow through LVOT and RVOT is normal. Scant pericardial and pleural effusion is identified. No obvious cardiac masses; however, suspected fat deposition in the right AV groove.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	4.1	NM	0.71	1.0	0.61	53	88
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	2.3	2.0	1.6	0.6	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

HCM is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be considered in this case. Regardless, the left atrium is severely enlarged, indicating high risk for spontaneous CHF and/or blood clot events. No obvious additional issues are identified.

These findings certainly support a recent diagnosis of CHF and continued lifelong cardiac support is recommended as below. If the patient is or becomes unstable, reassessment and hospitalization may be necessary.



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If able to be stabilized, 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.

SPECIES

Feline

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.

BREED

DLH

PLAN

Continue injectable Lasix dose/hospitalization. Discharge on the following: administer Lasix 1-2mg/kg PO q12h. Administer Pimobendan 1.25mg PO q12h. If able, administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Baseline T4 and BP recommended with monitoring every 6 months.

SEX

Female Spayed

Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACE-I 0.5g/kg PO q12h.

AGE

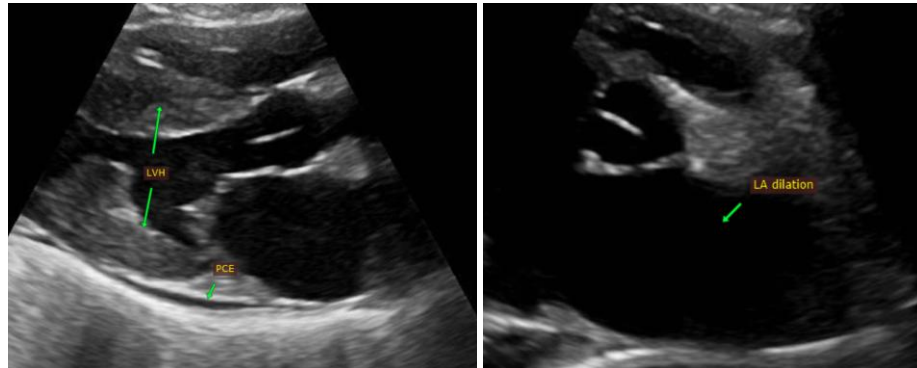
10 years

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

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IMAGES



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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.

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