



PATIENT

Mako Thompson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Wilson

INVOICE

45804

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: History of CHF. Initially presented with effusion; approximately 1 cup of fluid drained at Purdue CVM. Fluid recurred but improved with increased furosemide dosage.
-Current medications: Furosemide 20mg 1/2 tablet twice a day, Clopidogrel 75mg 1/2 tablet once a day, Enoxaparin 5 units sub-Q twice a day, Sotalol oil suspension 0.5 ml oral twice a day, Benazepril 5mg 1/2 tablet once a day.
-Purdue report (5/2025): AF up to 300bpm, possible VT. Echo showed equivocal LVH, depressed function, marked LA dilation, mild to moderate RA dilation, mild RVH, pleural effusion. Diagnosis RCM/CHF and atrial fibrillation/VT.

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. The systolic function is decreased with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is markedly dilated. Significant spontaneous contrast; no obvious thrombus. No significant MR. The right ventricle is also affected, with mild fibrosis and remodeling. Mild to moderate RA dilation. Trace central TR. Blood flow through the RVOT and LVOT is low normal velocity. No pericardial or pleural effusion. No obvious cardiac tumors. Irregular rhythm throughout.

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	5.4	NM	0.46	1.5	0.52	24	52
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	2.0	2.5	2.2		0.6	0.7	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

As was discussed in the prior report, these findings are most consistent with restrictive cardiomyopathy (RCM). The LA is markedly enlarged with significant spontaneous contrast, suggesting extremely high risk for a thrombotic event. The remainder of the study is similar to previous with biatrial involvement and LV dysfunction. Finally, the arrhythmia persists and **an ECG should be performed to ensure antiarrhythmic therapy is appropriate.**

The history of CHF is certainly supported by severe structural changes, and continued lifelong support is recommended as below with addition of Pimobendan therapy. Enoxaparin is quite unusual to see in a home setting; however, if well tolerated it is reasonable to continue. While it is good news that the patient is reportedly doing well at home, there is certainly risk for



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thromboembolic events, recurrent CHF, and/or sudden death at any time. The prognosis is grave; however, our goal is to maintain QOL for the short-term. 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.

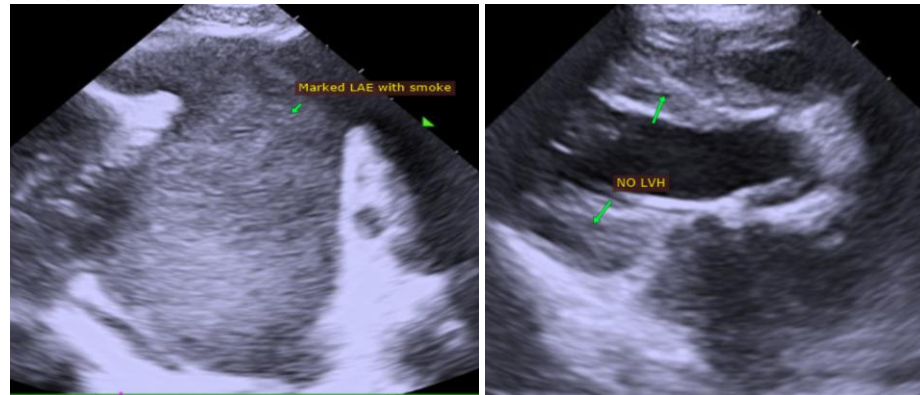
PLAN

Baseline ECG and BP are recommended. Continue Furosemide, Plavix, Sotalol, Enoxaparin and Benazepril as prescribed, pending reassessment of renal values, BP and ECG. Institute Pimobendan (off label use) 1.25mg PO q12h.

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

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.

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