



PATIENT

Jersey Simpson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13.11 years

WEIGHT

13.06lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Striano-Kaplan, DVM

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Stewart

INVOICE

45879

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: Presented 11/11/25, recently escaped with evidence of injuries; has improved. Cough is stable. No vomiting aside from one hairball. Grade 3/6 heart murmur. Ataxia since the event. BP: 170mmHg. Lab work showed azotemia. BUN: 39, Creat: 2.7.

-Current medications: Amlodipine 2.5mg 1/4tSID, Plavix 75mg 1/4tSID, Pimobendan 2.5mg/ml 0.5ml SID, Amoxi/clav 1.3ml BID, Prozac 10mg 1/4tEOD (doesn't usually take, was initially put on for inappropriate urination), Atopica 4# dose SID (didn't have this AM), Zyrtec 10mg 1/2tSID (didn't have this AM), cat lax (didn't have this AM), aerokat - never really takes, forti flora, Gabapentin 50mg 4t AM.
-Pertinent previous echo findings (2/2025 MML): UCM moderate LAE and smoke. LV: 0.59/0.57cm, LA: 1.8. Recommended Pimobendan and Plavix.

ECHOCARDIOGRAM FINDINGS

Right-sided images only. The left ventricular wall is borderline in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Mild remodeling. The papillary muscles are hyperechoic. The left atrium is moderately dilated. No obvious smoke. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. LVOT velocity is normal. No effusions. No obvious cardiac tumors.

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	5.9	NM	0.58	1.45	0.58	58	90
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	1.5	1.7	1.6		1.0	NM	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

Compared to the prior study, findings appear similar. The LV wall thickness remains borderline and the LA enlarged; however, no obvious progression is seen. No additional issues have developed.

Given these findings, continue 2 medications as previously recommended. Either medication should be contributing to azotemia, which should be further addressed as dictated by IM. The BP is elevated, which may also warrant therapy, as dictated by IM as well.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). Monitoring of sleeping breathing rates is



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recommended to screen for early decompensation going forward. Patient will always be at risk for spontaneous CHF, development of blood clots and/or sudden death in the future.

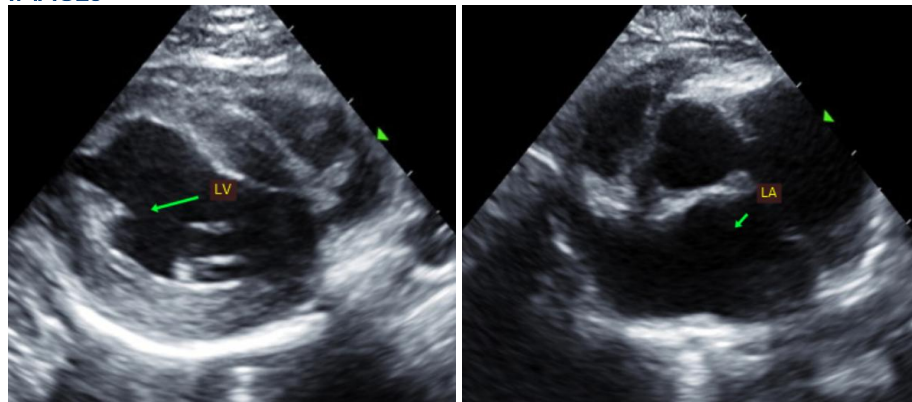
Elective anesthesia is not advised.

PLAN

Continue Plavix and Pimobendan as previously recommended. Further workup for hypertension and azotemia as dictated by IM.

A recheck echocardiogram is recommended in 6 months, sooner if clinical issues arise in the interim.

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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