



**PATIENT**

Riley Safarik

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

10.5 years

**WEIGHT**

8.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kevin Kicker, DVM

**HOSPITAL NAME**

Wauwatosa Veterinary  
Clinic

**REFERRING VET**

Dr. Binor

**INVOICE**

45883

**DATE**

11/21/25

**PRESENTING CLINICAL SIGNS**

History: Recheck echo (8/2025) diagnosed with HCM and arrhythmias. Atrial tachycardia: rates 200-220bpm. Grade 3/6 heart murmur. Elevated BNP. On Plavix 75mg ¼ tab SID. Creat: 1.3, BUN: 29, BP (mean): 101mmHg. Sedated with Gabapentin.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied with remodeling of the endocardium. Regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Adequate systolic function. There is papillary muscle hypertrophy and remodeling. The left atrium is severely enlarged with no obvious smoke. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal. No evidence of systolic anterior motion. Mild central mitral regurgitation present. No tricuspid regurgitation. Blood flow through the LVOT and RVOT are normal in velocity. Scant pericardial effusion. No pleural effusion. No obvious cardiac masses. Premature beats noted throughout the study.

**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	3.9	210	0.78	1.3	0.74	48	83
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	2.0	1.8		1.5	1.4	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**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. It does appear both have been considered in this case, suggesting primary disease is likely. Regardless, the degree of disease is significant with severe left atrial enlargement and moderate LV hypertrophy. This indicates a high risk for spontaneous CHF and/or blood clot events going forward. Additionally, there is scant pericardial effusion noted, which is highly concerning for imminent CHF. Full lifelong cardiac supportive medications are recommended at this juncture as below. Finally, an arrhythmia is noted throughout the study and an **ECG is recommended**.



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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/or fluid therapy unless absolutely necessary in the future.

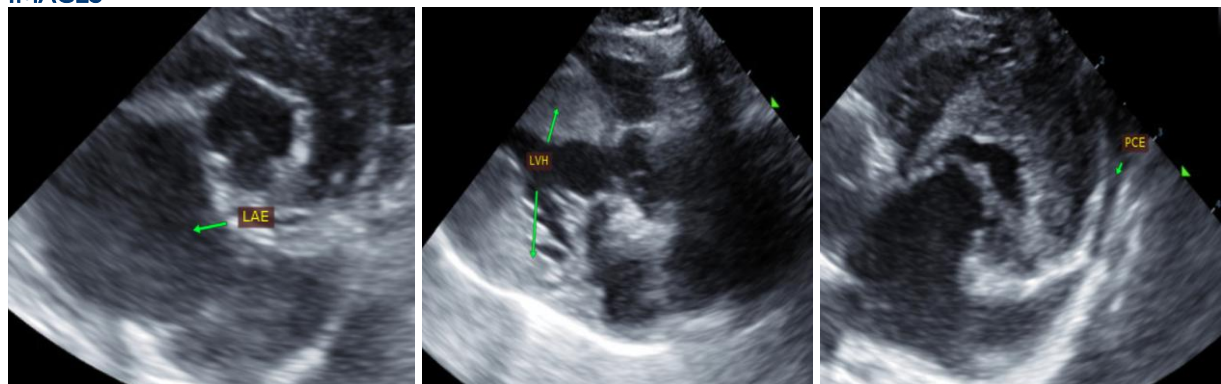
## PLAN

Institute low dose Lasix 1mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h. Continue Plavix 75mg tablets; give ¼ tab orally once daily. An ECG should be obtained ASAP.

Monitor renal values and BP in 1-2 weeks. If doing well at that time and BP >130mmHg, institute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO BID. 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.

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