

PATIENT

Kitty Janus

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4 years

WEIGHT

14.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cerf, DVM

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

Dr. Cerf

INVOICE

46119

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Dyspnea. Elevated BNP.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Severe cardiomegaly with evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D and m-mode imaging is available. The left ventricular wall is normal in dimension with no hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly enlarged and hyperechoic. The LV is mildly dilated with increased sphericity and adequate systolic function. The left atrium is severely dilated; no obvious smoke. The right atrium is normal. The right ventricle is normal. No TR. Moderate eccentric MR. Normal MR velocity. The mitral valve leaflet appears mildly thickened, although not extensively visualized. Normal LVOT and RVOT velocity. Scant pericardial effusion. No pleural effusion. No obvious cardiac tumors identified.

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	6.7	NM	0.45	1.7	0.44	52	90
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	NM	2.5	2.0	NM	0.5	NM	

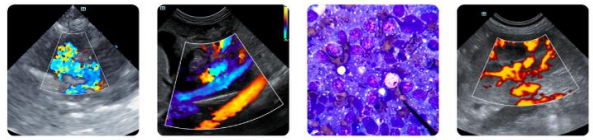
**Note: All measurements based upon multi-modal images and methods. An average value is reported.
Adapted from June Boon, Veterinary Echocardiography, 1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.*

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely diagnosis is a form of mitral valve dysplasia with moderate MR and a somewhat tethered appearance. An LVOT obstruction is not apparent, and no LV hypertrophy is seen suggesting the typical obstructive form is likely not present. Regardless, what is seen here is severe with severe LA dilation suggesting risk for complication going forward.

Given that the patient is presenting for dyspnea, CHF is diagnosed and full cardiac support should be instituted as below. The goal is to prolong asymptomatic life; however, the long-term prognosis is poor. Most cats can be managed on medications for an average of 8-12 months once CHF occurs. Patient will always be at risk for recurring CHF, development of arrhythmias and/or sudden death going forward.

Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).



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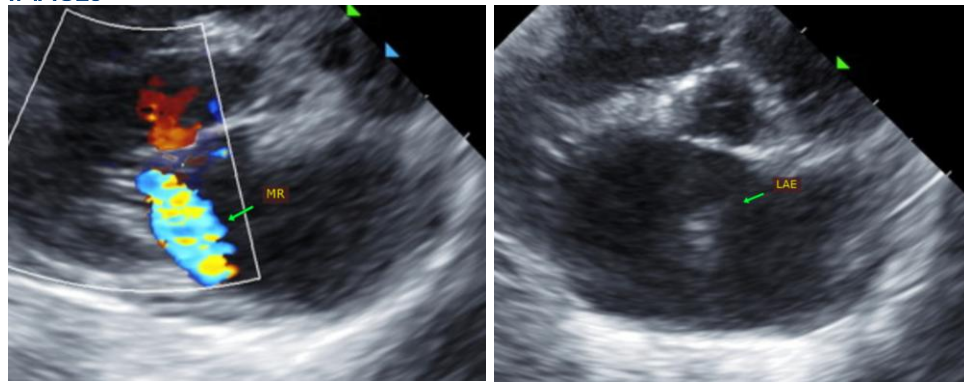
PLAN

Consider referral in this young cat for advanced evaluation and lifelong monitoring. Institute Lasix 1-2mg/kg PO q12h. Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Institute Pimobendan 1.25mg PO q12h.

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. If patient is doing well and BP >130mmHg, consider addition of an ACEI 0.5mg/kg PO q12h.

Recheck echocardiogram in 6 months once stable on oral medications to reassess 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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com