

**PATIENT**

Leo Loverde

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

11.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sabrina Russett, DVM

**HOSPITAL NAME**

Court Street  
Veterinary Hospital

**REFERRING VET**

Dr. Sabrina Russett

**INVOICE**

46126

**DATE**

12/10/25

**PRESENTING CLINICAL SIGNS**

History: Recheck echo (previous report not available for comparison). Notes suggests atrial fibrillation with moderate LAE. Stable at this time. BP today: 90-100mmHg.  
Sedated with 0.2mg/kg Butorphanol + 0.025mg/kg Acepromazine IM.  
-Current medications: Amlodipine 2.5mg (1/4-tab SID) + Clopidogrel 75mg (1/4-tab SID).  
-Abnormal PE/Chem/CBC/UA Results: CBC/Chem27 WNL.BNP 415pmol/L TT4 2.2mg/dL HW NEG

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV is mildly dilated with significantly depressed myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and atrophied. The left atrium is severely dilated with a horizontal component. No smoke seen in the LA. Trace mitral regurgitation secondary to annular stretch. The RA and RV appear normal. No tricuspid regurgitation. Blood flow through both the LVOT and RVOT are normal in 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) (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	5.2	NM	0.48	1.7	0.42	18	30
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	2.0	2.0	1.7		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**

The finding of severe left atrial and mild ventricular enlargement with LV dysfunction is most consistent with Restrictive cardiomyopathy (RCM); however, end stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is also mild LV remodeling and fibrosis, which indicates diastolic dysfunction. No additional pathology is appreciated. Atrial fibrillation persists throughout the study, and a screening ECG is recommended.

Regardless of categorical classification, the finding of this degree of atrial dilation is concerning for progression in the future and addition of low dose Lasix and Pimobendan is recommended as below. The patient is reportedly hypotensive, and Amlodipine may need to be discontinued if this is a consistent finding. Follow up and potential treatment for the arrhythmia should be dictated by ECG evaluation.



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Even without clinical signs, this patient is at exceedingly high risk for complication, such as CHF, a blood clot event or sudden death and this should be expressed to the owner. Prognosis is guarded to poor long term with this degree of disease. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

Elective anesthesia, steroid or fluid use should be avoided in this patient.

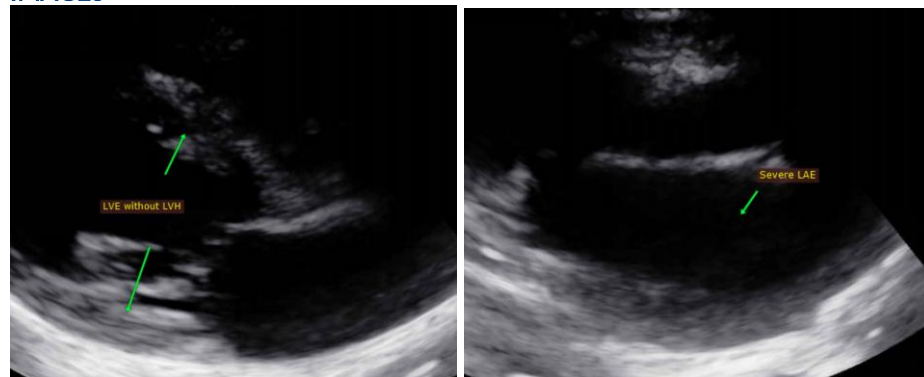
## PLAN

Screening CXR and ECG should be obtained. Continue Plavix 75mg tablets; give ¼ tab orally once daily. Administer Pimobendan (off label use) 1.25mg PO q12h. Institute low dose Lasix 1mg/kg PO q12h. Follow up for the arrhythmia should be dictated by the ECG evaluation. The Amlodipine dose may need to be altered due to reported hypotensive.

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

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.

Maggie Machen Lamy, DVM  
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