



**PATIENT**

Murphy Yeo

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

9 months

**WEIGHT**

8.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Oxford Animal  
 Hospital

**REFERRING VET**

Dr. Rayala

**INVOICE**

46118

**DATE**

12/10/25

**PRESENTING CLINICAL SIGNS**

History: Possible grade 4/6 heart murmur. Increased RR/RE. Tachycardia. On Furosemide 10mg BID. -CXR report show severe cardiomegaly with CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely hypertrophied. Normal LV diameter with depressed myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. Adequate systolic function. The left atrium is severely enlarged. Significant smoke appreciated with suspicion for an early thrombus within the left auricle. The right atrium is normal. The right ventricle appears normal. The mitral valve is not well visualized. Suspect an LVOT obstruction on color flow imaging. Trace central MR. No TR. Blood flow through the LVOT and RVOT is normal in velocity on spectral doppler. Mild AI. No pericardial or pleural effusion seen. No obvious cardiac masses.

**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	4.0	NM	0.83	1.5	0.83	21	46
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	2.5	2.2	1.2	0.9	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. Given the age of the patient, primary disease is likely. An LVOT obstruction is suspected, although not extensively evaluated and an additional issue, such as subaortic stenosis is not ruled out. Regardless, the left atrium is markedly enlarged with significant smoke suggesting high for thrombus formation. There is some concern for an early/disorganized thrombus within the left auricle, which dramatically raises this risk. No additional issues are seen. Consider referral in any congenital case for advanced evaluation and lifelong management.

Given these findings, a recent diagnosis of CHF is supported, and lifelong medications should be continued going forward. 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



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home. If any signs of a cardiogenic thrombus, such as acute paralysis, euthanasia should be considered.

Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

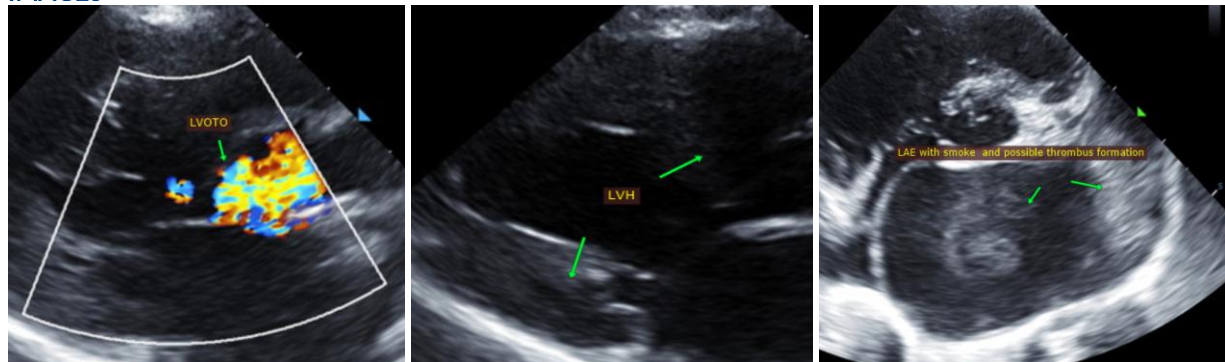
**PLAN**

Consider referral in any congenital case, given the severity of the findings. Continue Lasix 1-2mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administer in a gel cap).

Monitor BP and renal values 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 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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