



PATIENT

Nina Maria Ramirez

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 years

WEIGHT

7.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound
Services

REFERRING VET

Dr. Alicea

INVOICE

46147

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Grade 4/6 heart murmur. Recent episode of severe dyspnea. tachypnea, cardiomegaly, pleural effusion, patchy pulmonary infiltrates, hypoxia. Was treated as CHF with Lasix, oxygen and had marked improvement. Sent home with furosemide 10mg/ml: 0.45ccPO BID. BP: 150mmHg. Abnormal PE/Chem/CBC/UA Results: CBC and Chem: Creat 0.5, BUN 11, and after several doses of Lasix increased BUN to 40. Lasix was tapered afterwards.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. Decreased LV dimension. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present with a horizontal component. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Mild to moderate MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

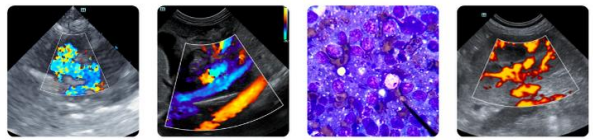
CARDIAC CHART

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	3.3	230	0.70	1.0	0.71	67	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	1.8	1.6		0.6	0.6	NM
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. The degree of disease appears mild, with only moderate LVH and mild LA dilation. This would typically indicate the risk for clinical issues is low at this time. The patient has also been on high doses of Lasix (time frame not provided), which may be contributing to the appearance of the LV (i.e. some degree of pseudohypertrophy). Reassessing once volume stabilized is recommended. The only cause for a murmur identified is mild to moderate MR. No additional issues are identified.

These findings do not clearly explain current episode of respiratory distress. This degree of LA dilation would suggest low risk for CHF; however, high dose Lasix may have at least somewhat volume contracted a previously more significant dilation. Additionally, the patient has improved significantly with only diuretic therapy, which may support atypical CHF. Regardless, if the



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patient is doing well at this time, it is reasonable to continue cardiac supportive therapy and reassess in the future. A CXR review by a Radiologist is also recommended. If any residual respiratory issues are noted, consider addition of a broad-spectrum antibiotic such as Azithromycin. Prognosis is guarded long term prior to assessing for progression.

SPECIES

Feline

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

BREED

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Anesthesia is not advised at this time.

SEX

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PLAN

Consider CXR review by a Radiologist. A screening blood pressure and T4 are recommended every 6 months lifelong. Oral medications: furosemide 1-2mg/kg PO q12h, blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges), Pimobendan (off label use) 1.25mg PO q12h.

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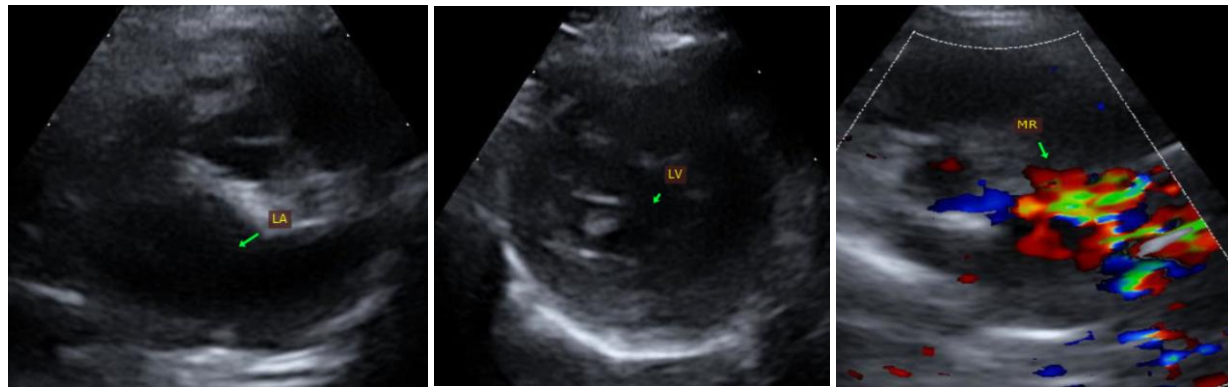
Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

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Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. A recheck echocardiogram is recommended in 6 months to assess for progression.

IMAGES



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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.

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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