



PATIENT

Toby Altman

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

13.3lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

The Cat Clinic
 Hamilton

REFERRING VET

Dr. Hall

INVOICE

46155

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Excessive drinking noted (new sign), weight loss (0.6kg), heart murmur present consistent with previous exams. Gallop rhythm noted. Pulses good.
 -Current medications: Vetmedin 1.25mg BID, Furosemide 20mg 1/2-tab SID, Fortekor 2.5mg 1/2-tab SID, Clopidogrel 75mg 14-tab SID.
 -Pertinent previous echo findings (6/2025 MML): HCM severe; CHF, VPCs. LV 0.62/0.72, LA 1.9

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. The MEA is indeterminant. VPCs are noted; primarily singles with 2 isolated couplets. No APCs, pauses or other dysrhythmias observed.
 ECG diagnosis: Normal sinus rhythm with single and couplet VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is mildly increased. The LV function is mildly depressed. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is papillary muscle hypertrophy and remodeling. The left atrium is severely enlarged. No obvious evidence of intraatrial smoke The right atrium is normal. The RV is normal. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. No MR or TR. Blood flow through both the LVOT and RVOT are normal in velocity. No pleural or pericardial effusion. 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	6.1	220	0.60	1.4	0.66	40	75
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	1.9		0.8	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

Compared to the prior evaluation, findings are similar. The LV wall thickness and mild dysfunction are unchanged with stable yet severe LA enlargement. No additional issues have developed.

The ECG shows persistent VPCs, potentially at increased frequency comparatively. Occasional couplets are observed, which are concerning; however, in an asymptomatic cat, treatment is not



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advised. This patient certainly has risk for acute collapse and sudden death, and this should be explained to the owner.

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Given these findings, full cardiac support should be continued going forward. Lasix is best used BID, even if the dose is decreased. Routine BP and renal value monitoring is advised in any senior cat to ensure tolerance in medications.

BREED

DSH

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 steroids and fluid therapy unless absolutely necessary in the future.

SEX

Male Neutered

PLAN

Screening BP/T4 every 6 months. Split Lasix BID, 5mg PO q12h. Continue Plavix 75mg tablets; give ¼ tab orally once daily. Continue ACE-I q12-24h, pending BP >130mmHg. Continue Pimobendan (off label use) 1.25mg PO q12h.

AGE

15 years

Monitor renal values and BP every 3-4 months lifelong.

WEIGHT

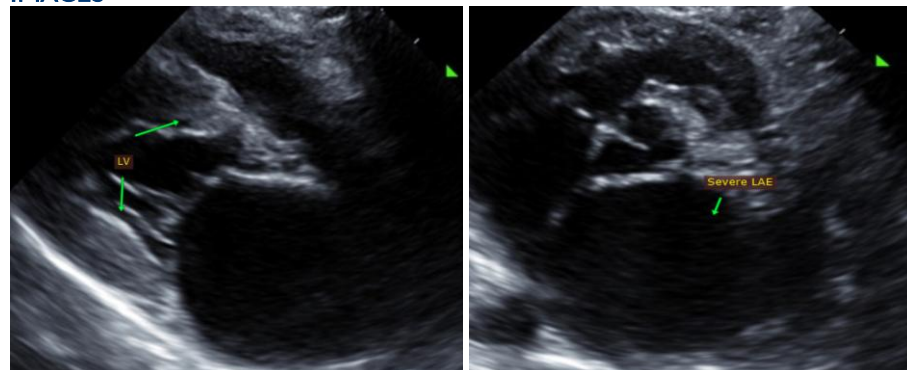
13.3lbs

A recheck echocardiogram is recommended in 6 months to assess progression.

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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.

DATE

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