



PATIENT

Bruno Higgins

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

11.6lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Guevara-Man

INVOICE

46185

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Presented Dec 4/2025 due to increased RR and RE 4-5 days. RR 90 breaths per minute on PE, increased breath sounds and crackles in all lung fields. Difficult to hear heart sounds. On Furosemide 20mg PO q12h.

-CXR: show generalized cardiomegaly, VHS 10.3. Generalized interstitial pattern in lungs, possible mild alveolar pattern in R middle lung.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to slightly decreased with regions of remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild LV dilation. The systolic function is markedly decreased with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is markedly dilated. Significant spontaneous contrast; no obvious thrombus. Mild central MR due to annular stretch. The right ventricle and RA are unremarkable. No TR. Blood flow through the RVOT and LVOT are decreased velocity. No pericardial effusion. No significant 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	5.3	105	0.42	1.7	0.41	22	40
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	1.8	2.4	2.2		0.8	1.0	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 marked left atrial enlargement in the face of normal/decreased LV wall thickness and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM); however, prior some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. Significant smoke is seen within the left atrium, which dramatically raises the risk for a blood clot event going forward. Finally, an arrhythmia is noted, and an ECG should be obtained.

The finding of this degree of left atrial dilation confirms the origin of the tachypnea and CXR changes is spontaneous congestive heart failure, and lifelong medications should be continued as below. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). The prognosis is poor to grave, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized.



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There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

SPECIES

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PLAN

Continue Furosemide 1-2mg/kg 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). Institute Pimobendan (off label use) 1.25mg PO q12h. Continue ACE-I 0.5mg/kg PO q12h if BP is >130mmHg. An ECG is recommended given the history.

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Recheck renal values and BP in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong.

SEX

Male Neutered

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

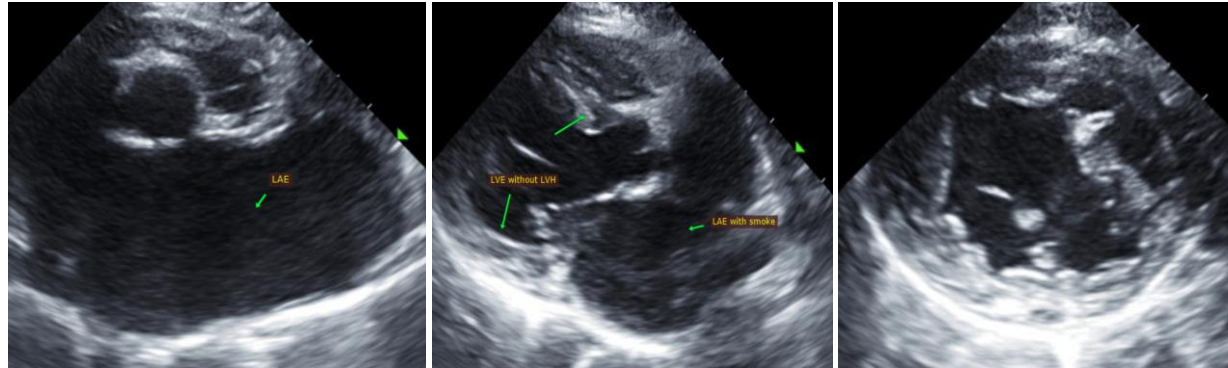
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IMAGES

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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.

IMAGING PERFORMED BY

Amanda Stewart

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.

HOSPITAL NAME

New Hamburg VC

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