



## PATIENT

Loki Kohlert

## SPECIES

Feline

## BREED

Savannah

## SEX

Male Neutered

## AGE

4.6 years

## WEIGHT

14.6lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Mariusz Chmielinski,  
DVM

## HOSPITAL NAME

Apex Veterinary  
Services Ltd.

## REFERRING VET

Alpine 24/7 / ER  
doctor

## INVOICE

46229

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

History: Acute onset panting, open-mouth breathing, and yowling, waking the owner from sleep. Found lying on a heater grate. Normal activity, appetite, and behavior prior to the event. No vomiting or diarrhea. No murmur. BP: Initially unobtainable; later improved (98/81 → 113/93). Mild increased effort, normal lung sounds. Apparent pain, transient knuckling of LF limb, Plantigrade stance and hind limb crossing noted initially, Neurologic abnormalities improved with warming. -CXR showed mild cardiomegaly; VHS: 8.8. Mild diffuse bronchial/interstitial lung pattern.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The systolic function is adequate. The papillary muscles are mildly remodeled. The left atrium and auricle are severely dilated and bulbous in appearance. A freely movable ball thrombus is visualized within the left auricle. Minimal smoke within the body of the LA. The right atrium is severely dilated. The right ventricle appears normal. Mild TR. Blood flow through both the LVOT and RVOT are decreased in velocity. No pericardial or pleural effusion seen. No tumors are visualized.

## 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	6.6	NM	0.47	1.6	0.50	45	80
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	2.1	2.4	2.0		0.7	0.6	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 biatrial enlargement in the face of normal LV wall thickness is most consistent with an unclassified cardiomyopathy (UCM); however, other possibilities cannot be ruled out. The degree of biatrial dilation is marked and a thrombus is visualized within the left atrium. This is highly concerning in light of the clinical signs and supports a previous a previous cardiogenic thrombus was likely the cause. It should be noted that a ball thrombus can certainly cause acute sudden death or paralysis at any time. No additional pathology is seen.

Given the totality of the findings, supportive care is recommended as prescribed, including Plavix, Pimobendan and Rivaroxaban if possible. Lasix is only necessary if there is clinical or radiographic evidence of CHF. Heparin therapy could be considered, if possible, in a hospital setting. The prognosis is **poor to grave**, with a mean survival time for cats with CHF <6months. If the patient is unable to stabilized and/or recurrent thrombotic events are noted, euthanasia should be elected. Going forward, there will always remain risk for recurrent episodes of CHF and



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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.

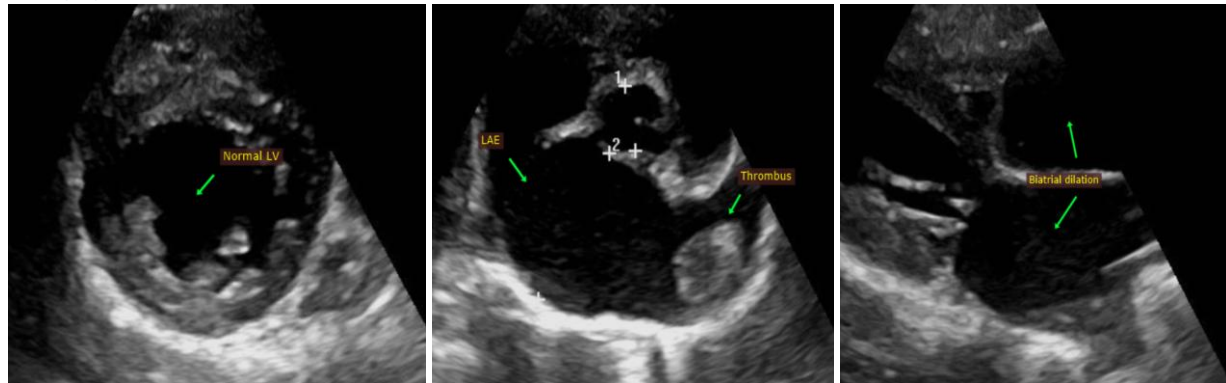
## PLAN

Continued hospitalization for heparin therapy and advanced evaluation/supportive care as needed/elected. Continue 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. If possible, institute Rivaroxaban 2.5mg POq24h.

Reassess the patient in 5-7 days to ensure the QOL is adequate. If any decline or evidence of recurrent thrombotic event, euthanasia should be elected.

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**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com