



PATIENT

Sophie Hill

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

16.5 years

WEIGHT

6.86lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Melinda Persson, DVM

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

46226

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Presented to ER in May 2025 in CHF with left front ATE. *Diagnosed with HOCM. Doing well. -Current medications: Furosemide 5mg BID, Clopidogrel 18.75mg SID, Pimobendan 1.25mg BID, Rivaroxaban 0.625mg SID.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. The LV function is depressed. Severe left atrial dimension with a horizontal component; subtle spontaneous contrast. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve seen on 2D imaging; however, the outflow velocity is normal. There is trace mitral regurgitation present secondary to SAM. No obvious additional valvular regurgitation is present. No pericardial or 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	3.1	NM	0.75	1.0	0.74	33	60
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	2.2	1.9		1.0	0.8	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 obstructive cardiomyopathy persists, as was described previously. The finding of LV dysfunction likely reflects end stage disease, which was noted on the prior evaluation. The LV thickening is stable; however, the LA does appear to have progressed in dimension. Finally, an arrhythmia is apparent throughout the study and an ECG should be obtained.

Given these findings, full cardiac support should be continued as prescribed. Given that the patient is doing well, no changes are indicated at this time. Even with stability seen here, prognosis is poor to grave long-term as there is high risk for recurrent CHF, recurrent blood clot events and/or sudden death at any time.

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

Anesthesia is not advised.



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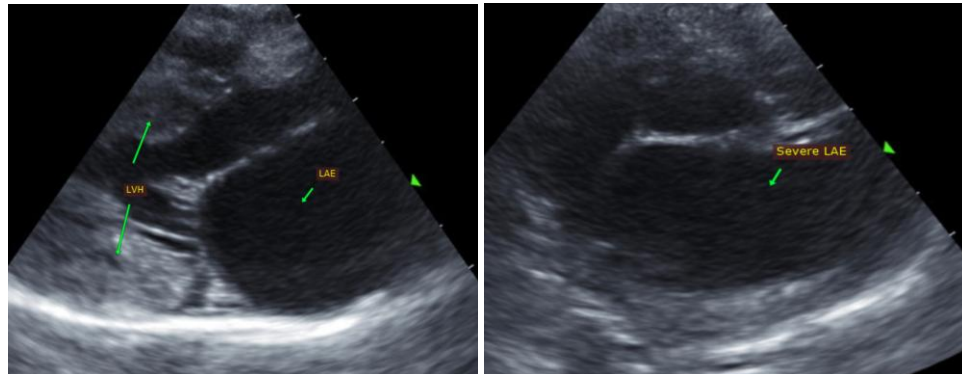
12/16/25

PLAN

Baseline BP, renal values and ECG are all recommended. Continue Pimobendan, Plavix, Rivaroxaban and Lasix going forward. The standard dose of Rivaroxaban is 2.5mg q24h.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

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