



PATIENT

Taz Miles

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5 years

WEIGHT

12.4lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Hillview VC

REFERRING VET

Dr. Stevenson

INVOICE

46218

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Pleural effusion. Abdominal breathing. On Gabapentin & Furosemide 40mg.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Large volume pleural effusion.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with regions of moderate hypertrophy contrasting regions of mild thinning. The papillary muscles are enlarged. Systolic function is adequate. The left atrium is severely dilated and bulbous in appearance. No obvious smoke in the LA. Trace central mitral regurgitation. The right atrium is not well visualized; however, no significant enlargement is seen. The right ventricle appears normal. Blood flow through the LVOT and RVOT is decreased in velocity. No significant pericardial effusion. Large volume pleural effusion is seen. No obvious cardiac tumor.

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	5.6	120	0.73	1.3	0.73	48	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	2.0	2.0	2.0		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

Hypertrophic Cardiomyopathy is identified with significant LV thickening and severe left atrial enlargement. The wall thickness is difficult to visualize from multiple planes, making this somewhat speculative. Regardless, this degree of atrial enlargement suggests CHF is the cause for pleural effusion. Primary disease is suspected in this relatively young cat. No additional issues are seen.

Immediate stabilization through thoracocentesis and life-long medications is warranted as below. Assuming the patient is able to be stabilized, the long-term prognosis is poor even with medications; however, most cats are able to maintain a good quality of life for some time on medications if tolerated. There will always remain risk for episodes of CHF and development of blood clots in the future. Patient will always be at risk for recurrent CHF, development of blood clots and/or malignant arrhythmia/sudden death in the future.



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Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home. Tolerance of medications in geriatric cats is always of concern, and blood values must be watched carefully. Elective anesthesia should be avoided.

SPECIES

Feline

PLAN

Immediate therapeutic thoracocentesis and hospitalization if indicated. Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Continue Lasix 1-2mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h.

BREED

DSH

Once stabilized/discharged, recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once deemed normotensive with a BP >130mmHg, consider addition of an ACEI 0.5mg/kg PO q12h. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

SEX

Female Spayed

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

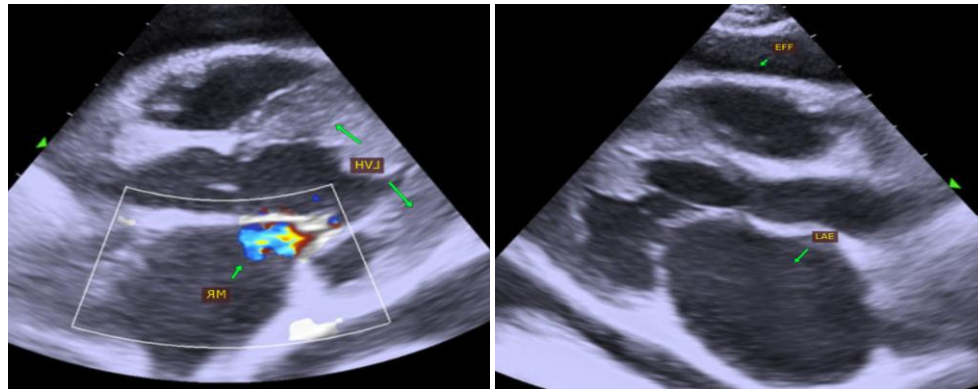
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Kelly Reschny, RVT

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

Hillview VC

REFERRING VET

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