



PATIENT

Yaki Maier

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2.7years

WEIGHT

11lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Greg Kuhlman, DVM

HOSPITAL NAME

Red River Animal
Emergency Hospital &
Referral Center

REFERRING VET

Dr. Kuhlman

INVOICE

46208

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Presented for panting episodes. New heart murmur. CXR showed cardiomegaly. Crackling lung sounds heard on auscultation at pDVM; lung sounds are normal today. Started on Furosemide 6.25mg SID x 20 days by pDVM on 11/24.25. Sedated with 100mg Gabapentin, 50mg Trazodone, and 0.3mg/kg of butorphanol due to uncooperativeness. On homemade raw diet. CXR: VHS: 8. BP 110mmHg, Tachycardic at 220bpm/min.
-Abnormal PE/Chem/CBC/UA Results: BNP 1500pmol/L. Creatinine 2.4 mg/dL, Total T4 WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild to moderate hypertrophy overall. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly enlarged. The left atrium is mild to moderately dilated with a horizontal component. The right atrium is normal. The right ventricle is normal. The mitral valve is normal with no MR. Blood flow through the RVOT is normal in velocity. Scant pericardial effusion seen. No obvious pleural effusion. 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	5.1	NM	0.58	1.8	0.70	55	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	NM	1.6	1.5		NM	1.2	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 (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be considered in this case; however, given the young age of the patient, primary disease is suspected. Regardless, there is mild to moderate LVH and LA dilation. This would typically indicate the risk for clinical issues is typically low at this time. No additional issues are identified.

The finding of scant pericardial effusion in light of respiratory signs is unlikely to reflect CHF. That being said, the radiograph appearance/review must also be taken into account. Diuretic therapy may be reasonable if the clinical signs improved since initiation. Otherwise, this can likely be discontinued. Additional medications are recommended as below. If the patient did not improve on Lasix therapy, further workup is recommended, including CXR.

Going forward, patient may be at risk for recurrent CHF and/or development of blood clots in the future. Monitoring of sleeping respiratory rates (SRRs) at home is recommended as the best way



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to screen for recurrent CHF at home. High risk for fluid overload if utilized in the future, and cautious up-titration with SRR monitoring is advised.

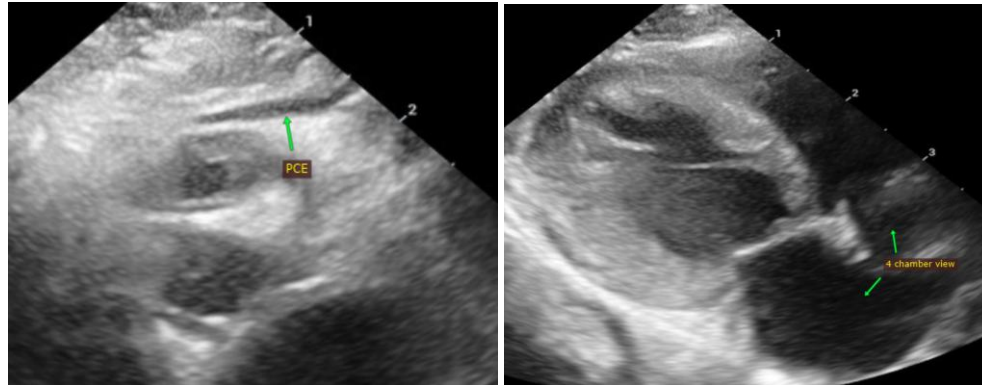
PLAN

If the patient responded to Lasix therapy, continue at BID dosing: 1-2mg/kg PO q12h. If the patient did not respond to Lasix therapy, discontinue the medication and initiate full systemic workup. Regardless, institute Plavix 75mg tabs (¼ tab by mouth every 24 hours; NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety) and an ACE-I 0.5mg/kg PO q12h. would be recommended.

Reassess BP and renal values in 1-2 weeks then every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess progression, sooner if any associated clinical signs develop.

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