

PATIENT

Mars Kutler

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15.2 years

WEIGHT

13.46lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Fleming

INVOICE

46273

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. On Plavix 18.75mg SID and Pimobendan 1.25mg BID.
-Pertinent previous echo findings (5/2025 MML/LSJ): HCM with severe LAE. VPCs & APCs. LA: 2.0, LV: 0.65/0.62cm, FS: 33%.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is shifted left. VPCs and APCs are noted throughout; primarily singles with occasional ventricular couplets. No pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with multiform arrhythmias.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline increased overall. Severely depressed function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied as well. The endocardium also appears remodeled. The left atrium is markedly dilated and bulbous in appearance. No obvious smoke. The right atrium is normal in dimension. The right ventricle appears normal. The mitral valve is mildly thickened with moderate eccentric MR. Moderate TR. Normal velocity. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

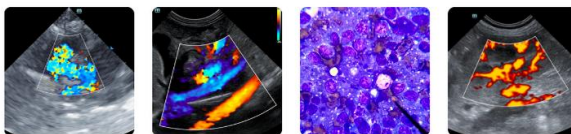
CARDIAC CHART

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	6.1	190	0.56	1.5	0.62	15	25
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	2.8	2.5	1.1	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

Compared to the prior study, there is evidence of progression. The appearance of the left ventricle is consistent with end-stage physiology with marked LV dysfunction developing. The LA is also increased comparatively, suggesting exceedingly high risk for complication. The ECG also shows worsening arrhythmias with occasional couplets, in addition to frequent single VPCs and APCs.



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Even with these changes, a patient who is historically azotemic, Lasix is not necessarily indicated yet in an asymptomatic cat. If that truly the case, continuing Plavix and Pimobendan are recommended as below with close monitoring at home.

SPECIES

Feline

Given these findings, the prognosis is poor to grave; however, it is encouraging that the patient continues to do well. Patient will always remain at high risk for recurrent episodes of CHF, development of blood clots, 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. If it important to note, if or when CHF develops, euthanasia may have to be considered due to underlying renal disease.

BREED

DSH

Elective anesthesia, fluid or steroid therapy is not advised.

SEX

Male Neutered

PLAN

Baseline BP is recommended. Continue Plavix and Pimobendan as previously prescribed. If and when respiratory signs arise, Lasix should be instituted.

AGE

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A recheck echocardiogram is recommended in 6 months to assess 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.

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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.

DATE

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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com