

PATIENT

Jinx Michalek

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8 years

WEIGHT

15.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sabrina Russett, DVM

HOSPITAL NAME

Court Street
Veterinary Hospital

REFERRING VET

Dr. Russett

INVOICE

46057

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. No heart murmur heard today (possible gallop rhythm). BP: 120mmHg. Sedated with Alfaxalone and Torb.

-Current medications: Enalapril 2.5mg 1/2-tab BID, Furosemide 20mg 1/2-tab BID, Spironolactone 25mg 1/4-tab BID, Clopidogrel 75mg 1/4-tab SID, Pimobendan 3.75mg 1/2-tab BID.

-Pertinent previous echo findings (

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The LV is mildly dilated with significantly depressed systolic function. The LV wall thickness is normal overall. Moderate left atrial enlargement; no smoke seen. No obvious organized thrombus. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Trace central mitral regurgitation. The tricuspid valve appears normal in form and function with no TR. No right atrial dilation. The aortic valve is normal in morphology and mobility. No pericardial or pleural effusion noted. 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	7.0	NM	0.48	1.8	0.50	12	20
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	1.9	1.5		NM	NM	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

Unfortunately, this patient has significant cardiomyopathy and systolic dysfunction. There is dilation and volume overload of the left heart, and the history suggests that CHF has been documented. No hypertrophy is seen suggesting HCM is unlikely. That being said, the end stage form of hypertrophic disease can also have this appearance. Regardless, what is seen here is significant and full cardiac support should be continued going forward.

In cats, systolic failure can be primary in nature (DCM); however, this is relatively uncommon. An advanced form of restrictive cardiomyopathy (RCM) with development of systolic dysfunction is also possible. Finally, systolic failure can develop secondary to taurine deficiency, myocarditis, or infiltrative disease such as lymphoma. Taurine deficiency is highly uncommon in cats on commercially prepared cat foods; however, can consider taurine supplementation in case of an absorption issue.



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Prognosis is poor to grave at this stage in the disease process, with an average survival time of <6 months. Most cats are able to maintain a good QOL for some time however on oral medication. High risk for recurrent CHF, development of blood clot events and/or malignant arrhythmias/sudden death at home should be discussed.

Monitor for development of labored breathing, limb paralysis/neurologic changes and/or collapse episodes in the future. Periodic Thoracocentesis will be necessary going forward. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

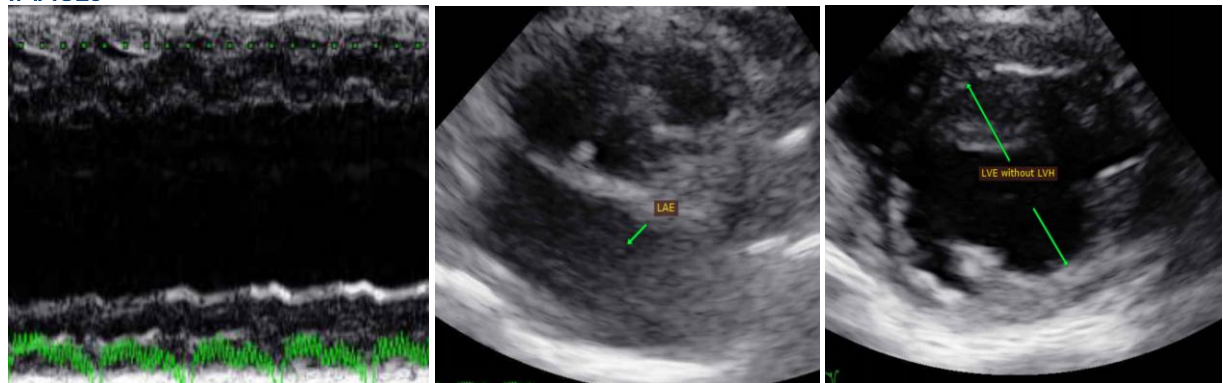
PLAN

Continue Enalapril, Furosemide, Pimobendan, Plavix and Spironolactone as prescribed, given that the patient is doing well.

Recheck renal panel and BP every 3-4 months lifelong.

Recheck echocardiogram in 6 months to reassess cardiac function.

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.

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