



PATIENT

Sox Cuccia

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Ligori

INVOICE

46777

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History: Presented with increased RE. CXR report showed concern for CHF. Started on Lasix.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline with no significant hypertrophy seen. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and mildly hypertrophied. Mildly depressed systolic function. The left atrium is markedly dilated and bulbous in appearance with a horizontal component. Subtle spontaneous contrast (smoke) seen. The right atrium is markedly dilated. The right ventricle appears largely normal. The mitral valve is normal in structure and mobility. Trace central MR. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No significant pericardial or pleural 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	5.9	NM	0.56	1.4	0.59	40	74
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	2.4	2.6	2.2		1.0	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

The finding of marked biatrial dilation in the face of borderline LV wall hypertrophy is most consistent with Unclassified Cardiomyopathy (UCM); however, end-stage or burnout HCM is also possible. Regardless of categorical classification, the degree of disease is marked with marked biatrial dilation. No obvious additional structural issues are identified.

These findings would certainly support a recent diagnosis of CHF and continued cardiac medications are warranted as below. If the patient is or becomes unstable, hospitalization should be considered.

The mean survival time for cats once CHF develops is <6months, however most are able to maintain a good quality of life on medications. There will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/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 recurrent/impending CHF at home.

SPECIES

Feline

Elevated anesthesia, fluid or steroid therapy should be avoided lifelong.

BREED

DSH

PLAN

Baseline ECG and BP are strongly recommended. Continue Lasix 1-2mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan 1.25mg PO BID.

SEX

Female Spayed

Recheck renal values and BP in 10-14 days to ensure tolerance of medications. If normotensive and eating well, consider addition of an ACEI at that time (if any question, do not utilize).

AGE

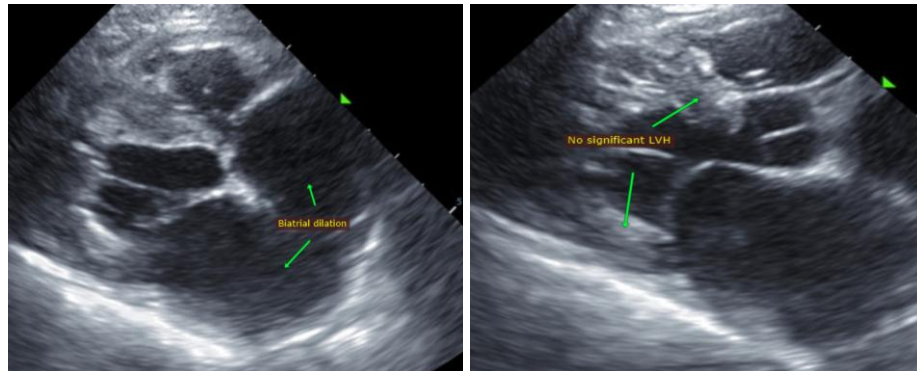
12 years

A recheck echocardiogram is recommended in 6 months to assess progression.

WEIGHT

13lbs

IMAGES



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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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

Julia Bakker, DVM

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

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