

PATIENT

Zoro Gatti

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

14.75lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Baker

INVOICE

46789

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History: Diagnosed Osteosarcoma 7/2025 Ulnar Ostectomy. 2/4/2026 routine met check revealed enlarged heart on CXR that were clear for mets. Asymptomatic. No heart murmur. Raw grain-free diet. HR: 128, 136, 132bpm, BP: 110, 100, 100mmHg, Did very well for BP. Had 1.5ml Gabapentin this morning; unsure the strength of Gabapentin. Laid right lateral with head level to heart. Base line HR 128bpm.
-Abnormal PE/Chem/CBC/UA Results: Crea 2.5, Normal BUN Concentraetd urine T4 2.6

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The majority of the tracing shows a sinus rhythm with P waves seen in lead II. The average heart rate is 155bpm. 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 normal. The initial part of the tracing shows a rapid SVT; HR 260bpm with acute termination. No ventricular ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with brief salvo of SVT.

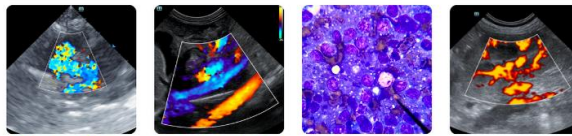
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild septal hypertrophy contrasting marked free wall thickening. There is a mildly hyperechoic endocardium consistent with fibrosis. Symmetric papillary muscle hypertrophy. There is marked left atrial enlargement present. Obvious smoke appreciated; no obvious blood clots. The LV function is adequate. The RA and RV are normal. There is no obvious systolic anterior motion (SAM) of the mitral valve present. The LVOT velocity is decreased. Normal RVOT velocity. No MR. No TR. The MPA and branches are normal. There is no pericardial effusion noted. No pleural effusion appreciated. 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	6.7	130	0.68	1.4	0.94	60	92
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	2.6		0.7	0.9	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.



PATIENT

Zoro Gatti

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

14.75lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Baker

INVOICE

46789

DATE

2/10/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be considered in this case; however, in a six-year-old cat, primary disease is likely. Regardless, there is marked left atrial enlargement with spontaneous contrast, indicating high risk for spontaneous CHF and/or blood clot events going forward. The right heart appears normal, and no additional issues are identified.

Given these findings and exceedingly high risk for decompensation, recommend full cardiac support as below including low dose Lasix therapy even without respiratory signs. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

The ECG does show a normal sinus rhythm with a brief run of atrial tachycardia. While somewhat concerning, the run is brief and non-sustained. Given the acute nature of the crisis, I would not treat this rhythm; however, monitoring for sustained arrhythmias is advised.

Prognosis is poor long-term with high risk for recurrent CHF, blood clot events and/or sudden death going forward.

Elective anesthesia, fluid or steroid therapy should be avoided in this patient due to high-risk complication.

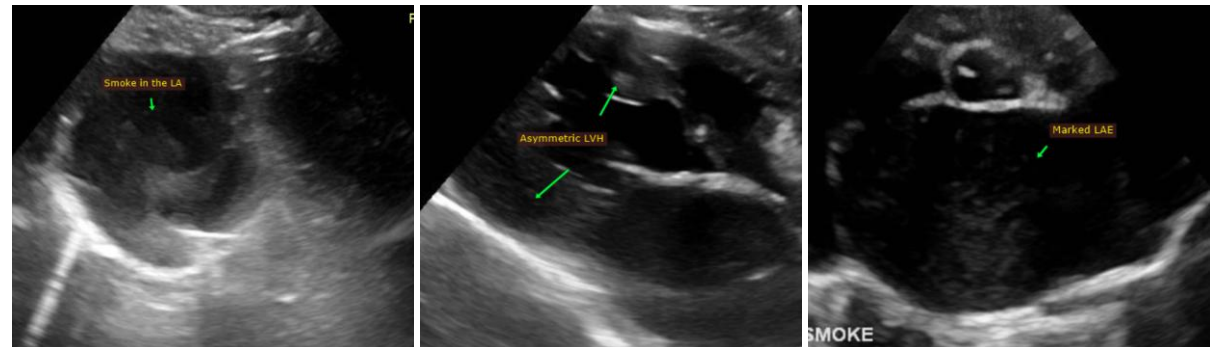
PLAN

Administer Lasix 1mg/kg PO q12h. Administer Plavix to decrease risk of thrombi formation: Plavix 75mg ¼ tab SID (NOTE: bitter on cut edge, coat in entirety or administer in a gel cap). Administer Pimobendan 1.25mg PO q12h. Baseline BP/T4 are recommended.

Monitor BP and kidney values in 1-2 weeks, then every 4-6 months lifelong. If BP >130mmHg and patient is eating well at home and able to be medicated, consider addition of an ACEI 0.5mg/kg PO q12h. If any acute lethargy or collapse, repeat ECG ASAP.

A recheck echocardiogram is recommended and ECG in 6 months to assess for progression, sooner if clinical signs arise.

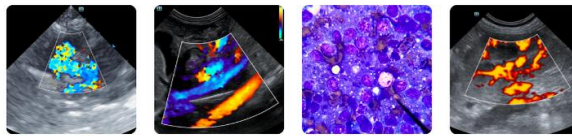
IMAGES



Imaging
performed by



Paw Print Animal Wellness Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectyology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Zoro Gatti

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

14.75lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Baker

INVOICE

46789

DATE

2/10/26



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