



DATE PRESENTING CLINICAL SIGNS

2.13.26

PATIENT

Sweetie Latimer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5.22.09

WEIGHT

13lbs

History: Presented for breathing funny. Constipation. Heart sounded weak and sporadic. Increased respiratory sounds bilat and increased effort. No obvious murmur auscultated. Resp Rate 43bpm.
-Pertinent abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem WNL, T4 WNL, BNP 1,500.
-Current medications: On 2/3/26, 0.2mL Furosemide IM BID started. RR: ~ 29 RPM following Furosemide. 2/4/26 start 0.625mg Vetmedin BID. 2/5/26 a noted marked improvement in RE/RR. Switched over to oral Furosemide ¼ tab, low dose Aspirin PO SID since 2/3/26 During echo today there was effort noted with abdominal component
-Sedation used: Gabapentin only. Further sedation not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal to decreased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears mildly remodeled. No LV dilated with mildly depressed myocardial function. The left atrium is mild to moderately enlarged with a horizontal component. No obvious smoke seen. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through both the LVOT and RVOT are decreased in velocity. The aortic valve is normal with no aortic insufficiency. No pericardial or pleural effusion seen. No obvious cardiac tumors.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

INVOICE

46827

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.9	200	0.56	1.5	0.59	30	58
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.6	1.0	0.8	NM	

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

Underlying cardiomyopathy is suspected. There is borderline LV hypertrophy, ruling out typical hypertrophic disease. The LV function is mildly depressed without dilation, and the LA is mild to moderately enlarged. Typically, this degree of abnormality would indicate the risk for complication is low; however, there is certainly risk for progression going forward. No obvious additional issues are identified.

The history in this case is confounding, as the patient is reportedly still having breathing issues despite Lasix therapy (and initial improvement). Additionally, this degree of atrial enlargement, as mentioned, typically suggests low risk for CHF. Highly recommend this patient obtains CXR with a Radiologist review for further evaluation, as concurrent respiratory disease is suspected. Regardless, it seems reasonable to continue the medications, given that there was some improvement.

The long-term prognosis is guarded, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, 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.

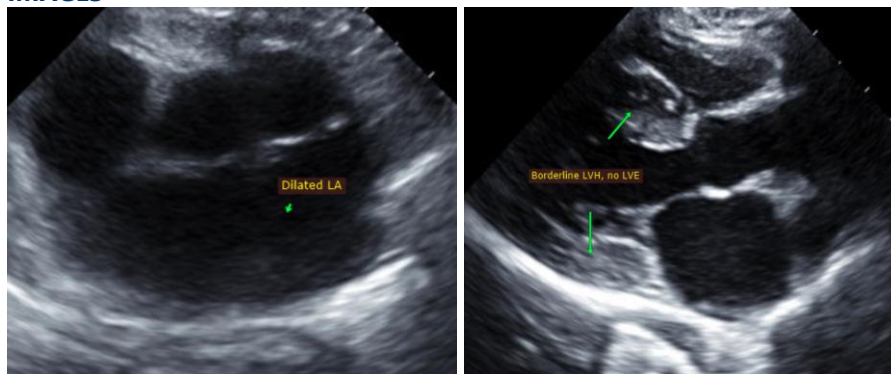
PLAN

Baseline BP and CXR are strongly recommended for further respiratory evaluation. Administer oral medications are as followed: administer furosemide 1-2mg/kg PO q12h. Ideally change to Plavix and discontinue Aspirin; give 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan (off label use) 1.25mg PO q12h.

Recheck renal values/BP in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong.

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

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

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