



PATIENT

Pickles Zheng

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

5 years

WEIGHT

13.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Iacovides, DVM

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Mooi

INVOICE

46660

DATE

2/2/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Progressive cardiomyopathy with arrhythmia. Sedated with Gabapentin. Current medications: Pimobendan 1.25mg : Given BID with treats, Diltiazem: 7.5mg BID, Clopidogrel: 18.75mg SID, Furosemide: 10mg BID (this was increased from 5 mg at the last visit due to suspicion of additional fluid build-up in his lungs).

-Abnormal PE/Chem/CBC/UA Results: Arrhythmia - pulses are strong, synchronicity was a little hard to assess due to inconsistent beats. BCS 6/9. No murmur.

-Pertinent previous echo findings (7/202025 Idexx): Atrial fibrillation; HR: 190bpm. Severe LAE with smoke, LV dilation with dysfunction, mild, moderate RHE, mild TR. Diagnosed RCM; unchanged from previous; however, pleural and pericardial effusion were noted. Increased all medications.

-Recheck ECG (12/2025 Idexx): AF; HR: 145bpm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of remodeling and irregularity. There is a mildly hyperechoic endocardium consistent with fibrosis. The systolic function is decreased with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium and auricle are markedly dilated. Significant spontaneous contrast; no obvious thrombus. Mild central MR due to annular stretch. The right ventricle is also affected, with mild fibrosis and remodeling. Marked RA dilation. Mild central TR. Blood flow through the RVOT and LVOT is low normal velocity. Small volume pericardial effusion. No obvious pleural effusion. 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	NM	0.32	1.7	0.43	29	52
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	>2.0	2.7	2.7	0.6	0.6	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are similar to what is described in the prior report. There is marked biatrial enlargement with evidence of smoke and LV dilation and dysfunction. This does fit with the appearance of end-stage RCM. The good news is the patient is doing well at home despite these findings and there is no obvious evidence of progression. The bad news is there is small volume pericardial effusion, which suggests this patient may be unstable. We must weigh the risk versus benefit of increasing the diuretic at this time. Given that the patient is doing well, a change is not clearly indicated. If any respiratory signs develop in the future, this should immediately be increased to 3x daily dosing.



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No comment can be made on the arrhythmia without a repeat ECG, which is recommended.

This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). **The prognosis is grave in this case**, with a mean survival time for cats with CHF <6 months at this time and our goal is to maintain QOL for the short-term.

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.

Anesthesia, fluid or steroid therapy should be avoided lifelong in this patient.

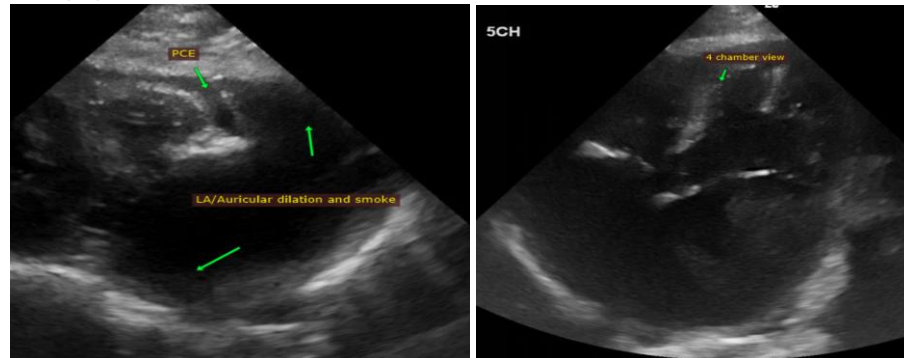
PLAN

Highly recommend follow up ECG as discussed. Continue Furosemide 1-2mg/kg PO q12h; increase the dose if any respiratory signs are noted in the future. Continue blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Continue Pimobendan (off label use) 1.25mg PO q12h. Diltiazem dose should be dictated by the ECG results.

Recheck renal values and 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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