



**PATIENT**

Wafflez Boston

**SPECIES**

Feline

**BREED**

Himalayan mix

**SEX**

Male Neutered

**AGE**

7.5 years

**WEIGHT**

6.6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Village Cat Clinic  
 Ancaster

**REFERRING VET**

Dr. Junaid

**INVOICE**

46931

**DATE**

2/20/26

**PRESENTING CLINICAL SIGNS**

History: Screening exam. No murmur. Sedated with Gabapentin.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with a largely normal appearance. No obvious LVH. No LV dilation with mildly depressed myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Remodeled hyperechoic papillary muscles. The left atrium is severely dilated with no obvious smoke. The right atrium is normal. Trace TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through both the LVOT and RVOT are normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

**CARDIAC CHART**

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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	3.0	NM	0.42	1.3	0.49	45	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL  (m/s)	RVOT VEL  (m/s)	E max  (m/s)	
<b>NORMAL</b>	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
<b>PATIENT</b>	NM	2.0	1.8	0.8	0.8	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 most significant finding is severe left atrial enlargement with mild LV dysfunction. No hypertrophy is seen, ruling out typical hypertrophic disease. The academic diagnosis could be argued in this case, with unclassified cardiomyopathy most likely; however, end-stage HCM cannot be ruled out. Regardless, severe left atrial enlargement indicates the risk for complication is high. No additional issues are identified.

It is important to note that no medications have been shown to change the course of disease at this stage. That being said, due to LA dilation I would consider institution of Pimobendan and Plavix at this juncture. An ACE-I could also be argued; however, baseline blood pressure assessment should be performed first. No obvious indication for Lasix or additional medications at this time; however, close monitoring is advised.



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Elective anesthesia, fluid or steroid therapy is not advised.

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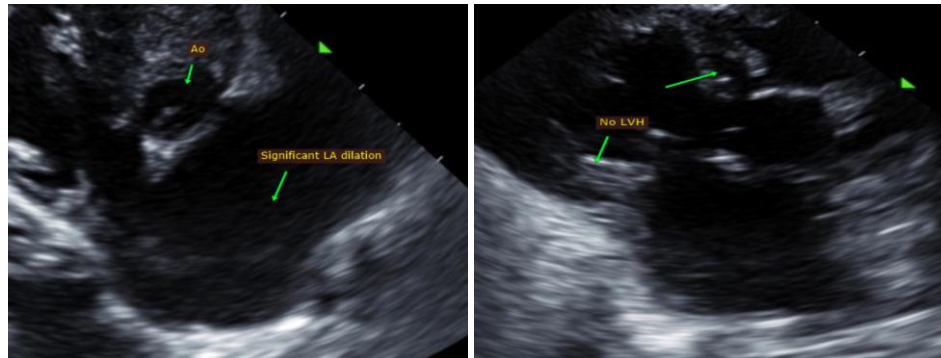
Monitor for any development of clinical signs at home, including labored breathing, cough, or signs of a blood clot (paralysis, neurologic change). Monitoring of sleeping breathing rates is recommended to screen for early decompensation going forward. Patient will always be at risk for spontaneous CHF, development of blood clots and/or sudden death in the future. Prognosis is guarded to poor long-term given the degree of disease seen here

**PLAN**

Baseline BP recommended. If able, institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety or place in a gel cap). Institute Pimobendan 1.25mg PO q12h. If BP >150mmHg, institute ACEI 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation, sooner if clinical issues arise in the interim.

**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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