



**PATIENT**

Tiger Rodriguez

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

NP

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Gudrun Gunther, DVM

**HOSPITAL NAME**

New Frontier Animal  
Medical Center

**REFERRING VET**

Dr. Scott

**INVOICE**

46974

**DATE**

2/24/26

**PRESENTING CLINICAL SIGNS**

History: 1-week of heavy breathing. Still eating and drinking. History of vomiting; well controlled on diet. Presented for open mouth breathing. Bicavitary effusion on CXR. Chest tap removed 269ml milky pink fluid - declined fluid analysis. Started Lasix for possible CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The LV is mildly dilated with significant LV dysfunction. The LV wall thickness is normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled. The left atrium is markedly dilated. Significant spontaneous contrast. Possible early disorganized thrombus visualized. Mild central MR. The right ventricle is mildly enlarged. Severe RA dilation. Trace central TR. Blood flow through the RVOT and LVOT is low normal velocity. Scant pericardial and pleural effusion. No obvious cardiac tumors. Irregular rhythm throughout.

**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	NP	150	0.49	1.4	0.50	22	40
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	2.5	2.2		0.6	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 severe biatrial enlargement in the face of normal LV wall thickness and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM); however, end-stage HCM or some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is suspicion for an early disorganized thrombus forming within the left atrium, which is of great concern. If signs of a thrombus develop, such as acute paralysis or neurologic changes, euthanasia should be elected. An arrhythmia is noted throughout the study and an ECG should be performed.

Regardless, the finding of this degree of biatrial dilation confirms the origin of the tachypnea and effusions is spontaneous congestive heart failure, and lifelong medications are warranted as below. This patient is at high risk for thromboembolic events regardless of medications and this



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should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). **Consider hospitalization for continued stabilization, oxygen and Lasix therapy.**

The prognosis is **poor to grave**, 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.

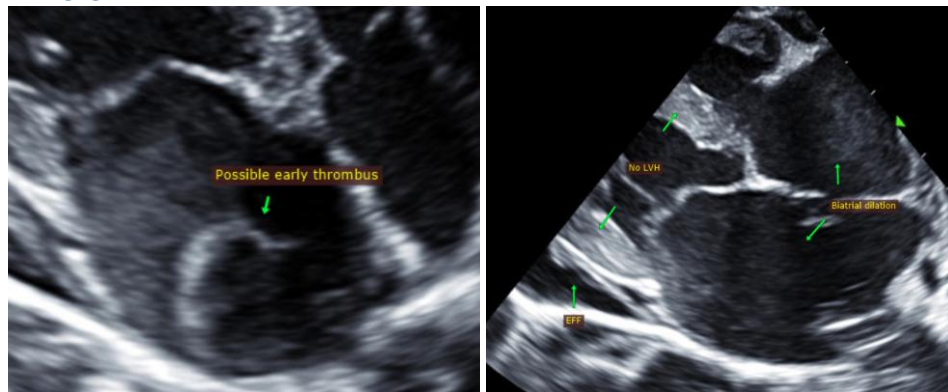
## PLAN

Continued hospitalization, oxygen, IV diuretic in hospital until stabilized due to effusion. Oral medications: Furosemide 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 (off label use) 1.25mg PO q12h. Baseline ECG are BP are commended.

Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. If signs of a thrombus develop, such as acute paralysis or neurologic changes, euthanasia should be elected.

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.

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