



PATIENT

Louie Floyd

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

10.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Cat's Meow

REFERRING VET

Dr. Nicastro

INVOICE

46991

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- History: Presented yesterday for vomiting, lethargy, anorexia, labored breathing
 - Chest rads performed - got albuterol tx; no improvement; dyspneic today - seemed to improve after a dose of Lasix
- Abnormal PE/Chem/CBC/UA Results: Stress leukogram, T4 - 90.8

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Borderline cardiomegaly (VHS 8.0). Equivocal for CHF v pulmonary disease.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. Both atria appear mildly enlarged, especially from the left apical views. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. Scant pleural effusion suspected. 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		NM	0.44	1.2	0.45	47	90
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	1.5	1.5		1.0	1.0	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 only abnormality identified is mild biatrial enlargement is present. The finding is somewhat inconclusive and varies by view; however, suspicion is elevated. The LV appears normal with evidence of hypertrophy or significant remodeling at this time. These findings are suspicious for an unclassified cardiomyopathy (UCM).

What is unclear in this case is whether the current clinical issues reflect CHF (concern heightened by scant pleural effusion) or are purely due to respiratory disease. In my opinion, both the echo findings and CXR appearance are equivocal which is frustrating. Highly recommend a Radiologist review of films for further evaluation, ideally with pre



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and post Lasix films submitted. If declined and the patient improved on Lasix, it may be reasonable to continue the medication and reassess in the future. Continued supportive care for asthma is also suggested, avoiding steroids as able.

Prognosis is guarded until progression is assessed. No obvious indication for medications at this time. Patient may be at risk for progression to CHF, development of blood clots and/or malignant arrhythmias in the future.

RECOMMENDATIONS

-Recommend a CXR review of 3 view films, ideally with pre and post images submitted. If CHF is still suspected, continue Lasix 1-2mg/kg PO q12h. No additional medications are indicated.

-Anesthesia is not advised at this time.

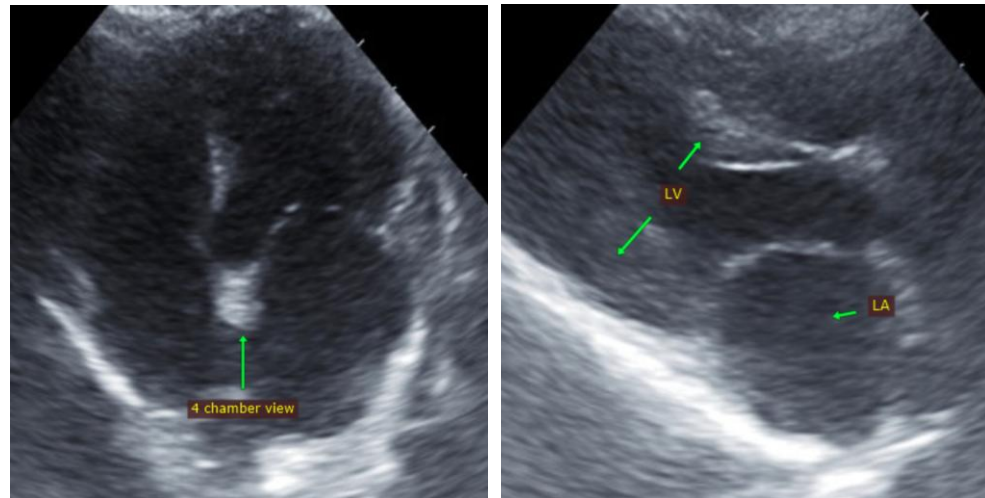
-Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

Assuming Lasix is continued, reassess renal values and BP in 1-2 weeks, then every 3-4 months lifelong.

Recommend recheck echocardiogram in 6months to screen 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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Maggie Machen Lamy, DVM

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info@sonopath.com

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