

**PATIENT**

Rouge SOS Prairie  
Rescue

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

3.4 years

**WEIGHT**

7.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Stephanie Cory, DVM

**HOSPITAL NAME**

Brighton Veterinary  
Clinic P. C. Inc.

**REFERRING VET**

Dr. Stephanie Cory

**INVOICE**

47182

**DATE**

3/10/26

**PRESENTING CLINICAL SIGNS**

History: History of recent FIP in Dec 2025; treated with GS-441524. Labs: WNL. New grade 2/6 heart murmur heard before treatment. Currently on Vetmedin 1.25mg PO BID, Furosemide 5mg PO BID, is on Clopidogrel attempt to give it daily but often unable to get her to swallow, inconsistent dosing. Sedated with Torb, Midazolam and Alfaxalone.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The LV is mildly dilated with marked dysfunction. The papillary muscles are mildly remodeled. The left atrium is severely dilated. Subtle spontaneous contrast; no obvious thrombus. Mild central MR. The right ventricle is also mildly enlarged. Marked RA dilation with septal bowing. Mild TR. Normal velocity. Scant pericardial effusion. No pleural effusion seen. 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 (%)
<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>	3.6	NM	0.37	1.6	0.41		
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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	2.0	1.6		1.0	1.5	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**

Unfortunately, this patient has end-stage cardiomyopathy and systolic dysfunction. The exact diagnosis of DCM v RCM could be argued, although the differentiation is academic. Regardless, there is marked biatrial dilation (right . left) and overload of all 4 chambers. MR and TR are likely secondary, and no additional structural issues are seen.

Systolic failure can be primary in nature (DCM); however, this is extremely uncommon in a young cat. This pathology can also develop secondary to taurine deficiency, myocarditis, or infiltrative disease such as lymphoma. Taurine deficiency is highly uncommon in cats on commercially prepared cat foods; however, diet should be addressed and can consider taurine supplementation in case of an absorption issue. Further systemic evaluation for underlying infiltrative contribution such as myocarditis may be reasonable (abdominal ultrasound, fluid



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cytology, etc.), with an extensive history of potential prior viral or systemic infections in this young cat (such as in utero parvo or similar).

Full cardiac support should be continued going forward. If the patient is difficult to medicated, focusing on Lasix would be the best approach. Utilizing liquid formation if necessary.

Prognosis is poor to grave at this stage in the disease process, with an average survival time of <6 months. High risk for recurrent CHF, development of blood clot events and/or malignant arrhythmias/sudden death at home should be discussed. Most cats are able to maintain a good QOL for some time however on oral medications.

Monitor for development of labored breathing, limb paralysis/neurologic changes and/or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

Elective anesthesia is not advised.

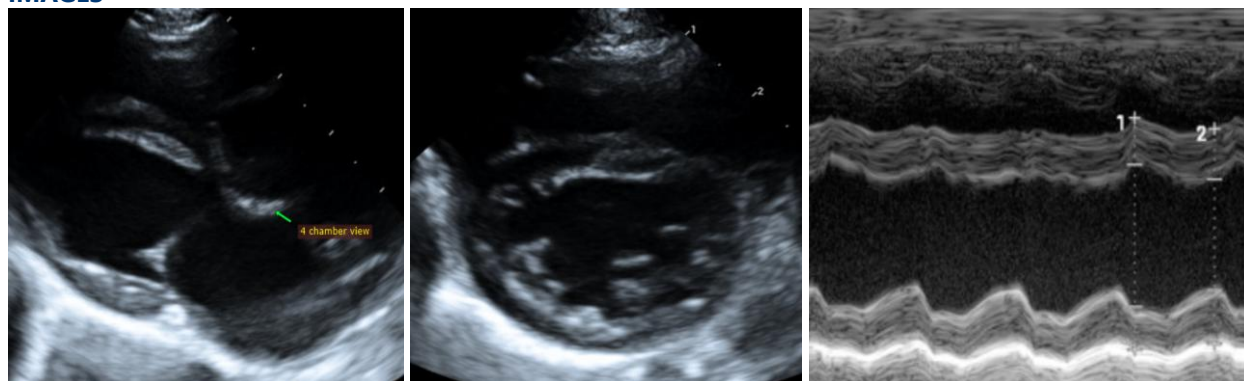
## PLAN

Continue Lasix 1-2mg/kg PO q12h using a liquid formation if necessary. If able to medicated, continue Pimobendan 1.25mg PO q12h and Plavix 75mg tabs, ¼ tab PO q24h. Consider supplement taurine 500mg daily if able to be easily medicated. Full diet history/systemic history as discussed. If QOL suffers, euthanasia should be considered in this young cat.

Recheck renal panel, HR, BP and clinical response in 5-7 days. If doing well and BP >130mmHg at that time, consider institute ACEI 0.5mg/kg PO q12h at that time.

Recheck echocardiogram/ECG in 6 months to assess for progressive issues.

## 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



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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**

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**

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