



PATIENT

Zigmund Murphy

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr. Kelly

INVOICE

47065

DATE

3/2/26

PRESENTING CLINICAL SIGNS

History: Abdominal effusion seen. Fluid in chest. Diabetic. Had a 9-hour seizure last week on 2-23-26, and the owner brought the following day during active seizure. Was given rectal Diazepam to stop the seizure, which was effective. Glucose curves have determined seizures were likely caused by several low blood sugars. On Prozac U-40 insulin 3units SQ BID. Sedated with Gabapentin 40mg PO BID. ECG declined.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with moderate septal hypertrophy contrasting mild free wall thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. Adequate systolic function. There is papillary muscle hypertrophy and remodeling. The left atrium is severely enlarged. Evidence of intraatrial smoke. The right atrium is severely dilated with evidence of smoke. The right ventricle appears affected as well, with mild hypertrophy and remodeling. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. Trace central mitral regurgitation present. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No pericardial or pleural effusion. No obvious cardiac masses.

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	4.3	NM	0.77	1.4	0.65	60	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	2.3	2.2	1.1	1.1	NM	

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*

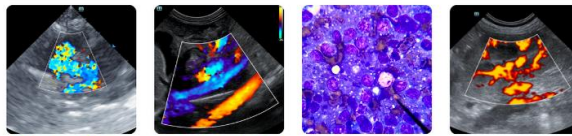
Adapted from June Boon, Veterinary Echocardiography, 1998

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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be evaluated as contributing factors in this senior cat. Regardless, there is significant biatrial enlargement with evidence of smoke, indicating high risk for spontaneous CHF and/or blood clot events.

These findings confirm that the current clinical issues and biventricular effusion is certainly cardiogenic in origin and consistent with CHF. Immediate lifelong cardiac supportive medications are recommended as below, and hospitalization should be considered. If patient is significantly



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tachypneic in hospital, continued dosing of injectable Lasix may be necessary until stable +/- recommend referral for overnight supportive care/oxygen therapy.

The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. Avoid steroids and fluid therapy unless absolutely necessary in the future.

PLAN

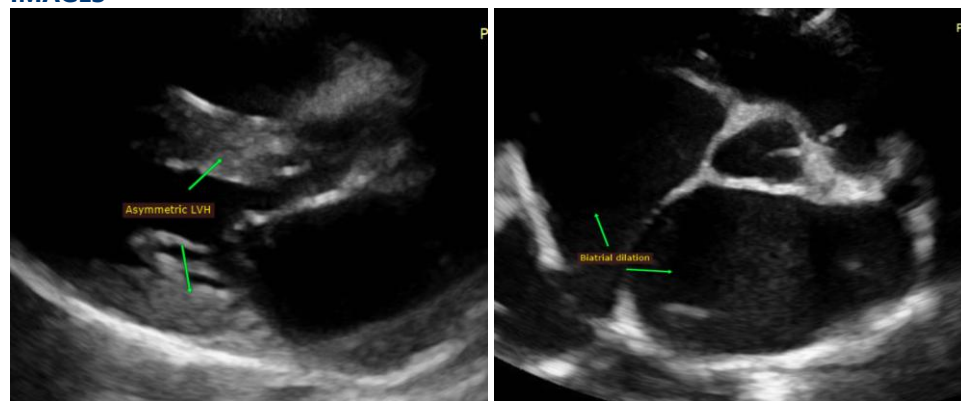
Hospitalization if needed. Oral medications as following: Administer diuretic Lasix 1-2mg/kg PO q12h. Institute (off label use) Pimobendan 1.25mg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Monitor renal values and BP in 1-2 weeks. If doing well at that time and BP >130mmHg, institute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO BID. Monitor BP and renal values every 3-4 months lifelong.

Note: 4 medications can be overwhelming in cats; Lasix and Plavix are considered most important. Consider compounding if needed for easier administration.

A recheck echocardiogram is recommended in 6 months to assess progression.

IMAGES



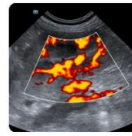
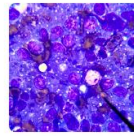
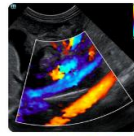
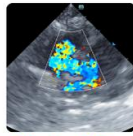
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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