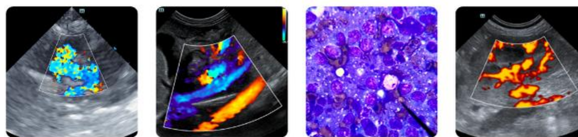


PATIENT

George Svoboda

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

11.6 years

WEIGHT

9.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay Veterinary Clinic

REFERRING VET

Dr. Wheeler

INVOICE

47257

DATE

3/23/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Presented with a new gallop rhythm. Recent general malaise; moderate lethargy and hyporexia. O accidentally overdose SQF last night (~125ml instead of 75ml). Normal EKG today. Assess prior to dental. On Amlodipine dose doubled 3wa to 1.25mg SID. SQF dose increased from 50ml to 75ml LRS SID. PMH: ureteroliths, CKD, AKI, hypertension. BP: 155-164mmHg (3/23/26) was 210, 220mmHG (3/2/26). Sedated with Torb.
-Abnormal PE/Chem/CBC/UA Results: CBC: RBC 4.41, Hct 20, Hgb 6.5, Eos 2.418, baso 0.35Chem: SDMA 30, creat 6.6, BUN 100, phos 6.4, Cl 111, AG 30proBNP 465UA: 1.011, 1+ protein, 3+ RBC, WBC 2-5, RBC 20-30, 1+ epithelialT4 1.5Fecal neg 11/4/25: Urine culture neg 10/16/25: CBC: RBC 4.55, Hct 22.2, Hgb 7.4, eos 1.671Chem: SDMA 24, creat 4.7, BUN 89, cystatin B 154proBNP 172UPC 0.7UA: 1.011, 1+ protein, 3+ blood, RCB 2-5T4 2.0Urine culture: e.coli.
-Pertinent previous echo findings (3/2/2026 MML): mild HCM (stable from previous), no LAE (1.3cm)> LV: 0.65cm. Occasional APCs noted at that .

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Mildly elevated RVOT velocity with a dynamic profile. There is no systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. Trace mitral regurgitation present. No TR. No other obvious valvular regurgitation is present. Scant pericardial effusion noted. No pleural effusion appreciated.

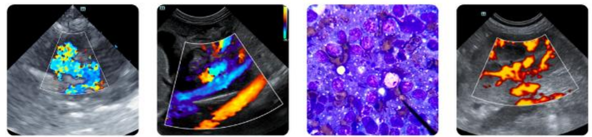
CARDIAC CHART

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	0.68	1.7	0.68	478	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		1.4	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

The only difference between the two evaluations is there is now mild LA enlargement and scant pericardial effusion. Given the history, this likely reflects acute fluid intolerance. The LV



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dimensions are unchanged, which is expected given the time frame. No additional issues have developed.

These findings would suggest this patient is in a fluid overloaded state. A brief discontinuation of fluid therapy is necessary to stabilize fluid status. Lasix could be detrimental in a cat with CKD and should not utilized unless the patient becomes tachypneic in the future. Returning to the prior fluid dose is recommended with careful titration in hopes of balancing the two disease processes. It must be noted that balancing CHF and CKD is extremely difficult. If unable to be achieved and QOL suffers, euthanasia must be considered.

Prognosis is poor, given the complexity of the issues.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

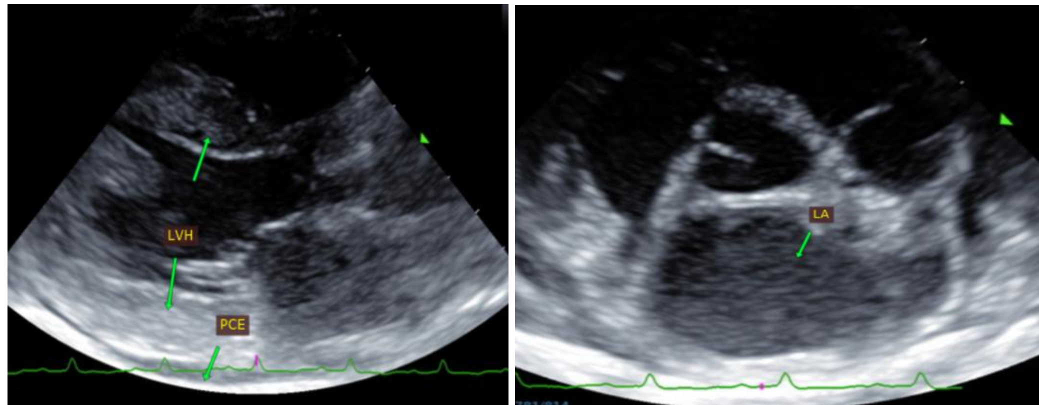
Anesthesia is not advised.

PLAN

Brief discontinuation of fluid therapy, as dictated by the clinical picture. Careful dose titration going forward in hopes of balancing heart and kidney disease. Consider referral to a facility with an IM Specialist and a Cardiologist if desired. If the two disease processes cannot be balanced, euthanasia may need to be considered.

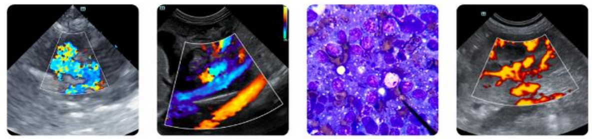
If QOL stabilizes, a recheck echocardiogram is recommended in 6 months.

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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