

**PATIENT**

Bear Boulding

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

2021

**WEIGHT**

10.6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Littlestown VH

**REFERRING VET**

Dr. Kubala

**INVOICE**

47376

**DATE**

3/31/26

**PRESENTING CLINICAL SIGNS**

History: Lethargic, tachycardic. Intermittent ataxia. History of FLUTD. Elevated BNP. Concern for CHF on CXR. On Lasix 6.25 BID (started 3/6).

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.

Mild cardiomegaly. CHF cannot be concluded.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild LV dilation with significantly decreased systolic function. No left atrial enlargement. No obvious smoke or thrombi seen. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal LV wall thickness. The tricuspid valve appears normal in form and function with no obvious TR. No right atrial and ventricular dilation. The aortic valve is normal in morphology and mobility. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors.

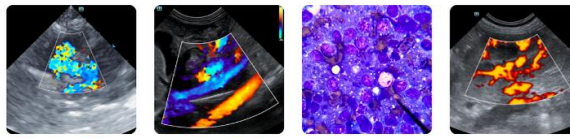
**CARDIAC CHART**

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>	4.8		0.49	1.8	0.48	25	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)	
<b>NORMAL</b>	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
<b>PATIENT</b>	NM	1.2	1.2	NM	1.3	NM	
<p>*Note: All measurements based upon multi-modal images and methods. An average value is reported.            Adapted from June Boon, Veterinary Echocardiography, 1998            Abbott J &amp; 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most significant finding is the LV is mildly dilated with significant dysfunction. No LV hypertrophy is seen, ruling out typical hypertrophic disease. Despite this, the LA is normal suggesting low risk for complication. No obvious additional issues are seen.

In cats, systolic dysfunction can be primary in nature (DCM); however, this is relatively uncommon. An advanced form of hypertrophic cardiomyopathy (burn out HCM) or restrictive cardiomyopathy (RCM) with development of systolic dysfunction is possible. Finally systolic failure can develop secondary to taurine deficiency, myocarditis, or infiltrative disease such as



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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. In a relatively young cat, a primary infectious or inflammatory insult may be at play, and a baseline troponin may be helpful.

Even with the LV abnormalities seen here, a lack of left atrial enlargement should suggest risk for CHF is low. The radiographs do not assess the full thoracic cavity and 3-view films should be repeated. A Radiologist review is strongly recommended in light of the atypical presentation. Unless the patient responded dramatically to diuretic therapy, this is likely unnecessary. Regardless, Pimobendan is recommended going forward.

Prognosis is guarded due to the unusual nature of the findings. Patient may be at risk for progression to 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 as this cat apparently has.

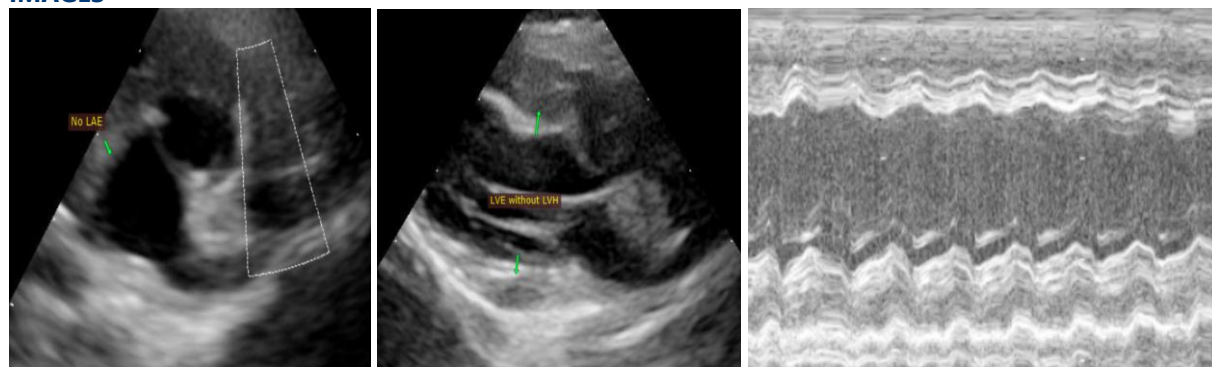
Monitor for development of labored breathing, limb paralysis/neurologic changes and/or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

**PLAN**

Highly recommend 3-view films with a Radiologist review. Unless response to Lasix has been dramatic, this medication is likely unnecessary. Further workup as described above. A cardiac troponin (cTnI) level may be helpful. Institute Pimobendan (off label use) 1.25mg PO q12h.

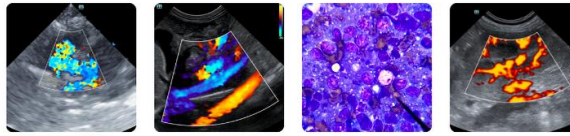
Recheck echocardiogram in 6 months to screen for progression.

**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



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or if I can be of any further assistance, please contact me.

Bear Boulding

**Maggie Machen Lamy, DVM**

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

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info@sonopath.com

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