



**PATIENT**

Bambino Roda

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

4 years

**WEIGHT**

10.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Ferrer, DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dr. Alicea

**INVOICE**

47671

**DATE**

4/24/26

**PRESENTING CLINICAL SIGNS**

History: Presented for anorexia and subsequent suspected lipidosis. Visited rDVM due to lethargy, mild congestion, anorexia, severe tachypnea (70rpm). Heart murmur was auscultated, suspect gallop rhythm, clear nasal discharge. During hospitalization, developed elevated liver enzymes, elevated bilirubin (suspected hepatic lipidosis secondary to prolonged anorexia), thrombocytopenia, etc. Labs done so far include CBC, Chem, Lytes, UA, FIV/FELV (neg/neg), fecal (NOS), BNP (abnormal), aFAST, upper respiratory panel (herpes). Is currently has an esophageal tube, is on Unasyn, Metronidazole, ursodiol, famotidine, Reglan, mirtazapine. RR and general status didn't improve until Lasix started - initially 1mg/kg iv BID, then decreased to 0.5mg/kg PO BID. Started eating yesterday timidly, today has excellent appetite. Overall, is much better, finally no congestion, breathing well, eating well, liver values/bilirubinemia resolved, PLT WNL, etc.  
-Abnormal lab results: BUN: 15, HCT: 40, remainder NSF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline increased in dimension. Decreased LV chamber size with adequate function. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. A mid-LVOT obstruction is suspected. No pericardial or pleural effusion appreciated. 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>	4.5	190	0.56	1.1	0.57	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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	1.4	1.3		0.9	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 finding of borderline LV hypertrophy in a relatively small LVID dimension is most consistent with pseudohypertrophy due to hypovolemia (i.e., secondary to diuretic therapy); however, early cardiomyopathy is also a possibility. The murmur is also likely related, as the only cause



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identified is a mid-LV obstruction. Until the patient is volume stabilized, a baseline is difficult to assess. The LA and RA are normal, indicating **low risk for complication at this time and CHF is essentially ruled out in this case.**

Given these findings, a Radiologist review of serial films (both pre- and post-Lasix) is strongly recommended. The patient has nonspecific clinical signs as well and an alternative pathology is suspected. Based upon what is seen here, Lasix can be safely discontinued.

Prognosis is guarded pending assessing response to respiratory therapy.

## PLAN

Discontinue diuretic therapy. Highly recommend a Radiologist review of serial films for further case evaluation.

Recommend reassess the LV dimensions in 6 months once the patient is stabilized to reestablish a baseline.

## 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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