

PATIENT

Bonnie Nardolillo

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10.3years

WEIGHT

9.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Chrisnten, DVM

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Peng

INVOICE

47688

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Preop ECG showed tall R waves. Severely elevated BNP. CXR showed enlarged LA. Hyperthyroid, controlled on methimazole. Possible mass in abdomen noted during one of her previous visits, not found on subsequent visits. On Methimazole 5mg BID PO, Onsior 6mg SID PO, Clindamycin 75mg SID PO
Abnormal PE/Chem/CBC/UA Results: BNP >1500. CBC: Monocytes mild incr. (0.585). UA: USG 1.022, pH 5.5, WBC 20-30, RBC 10-15.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with remodeling of the endocardium. Regions of irregularity. 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 with no obvious smoke. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal. No evidence of systolic anterior motion. Mild central mitral regurgitation present. No tricuspid regurgitation. Blood flow through the LVOT and RVOT are normal in velocity. Scant pericardial effusion. No pleural effusion. No obvious cardiac masses.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	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	250	0.62	1.3	0.62	47	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	2.2	1.9	1.4	1.3	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

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. Assuming the thyroid disease is well controlled, a BP should be considered. Regardless, the degree of disease is significant with severe left atrial enlargement and mild LV hypertrophy. This indicates a high risk for spontaneous CHF and/or blood clot events going forward. Additionally, there is scant pericardial effusion noted, which is highly concerning for imminent CHF. Full lifelong cardiac supportive medications are recommended at this juncture as below.



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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 anesthesia, steroids and/or fluid therapy unless absolutely necessary in the future.

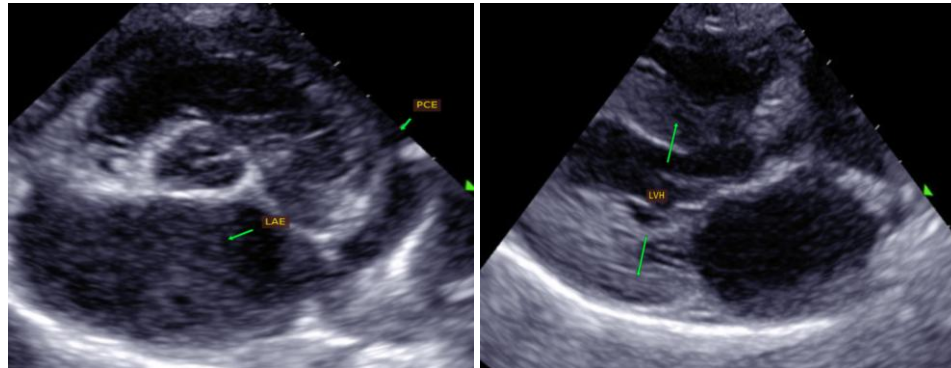
PLAN

Institute low dose Lasix 1mg/kg PO q12h. Institute 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

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.

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.

Maggie Machen Lamy, DVM

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