



PATIENT

Pippin Stamme

SPECIES

Feline

BREED

Maine Coon

SEX

Male Neutered

AGE

15 years

WEIGHT

16.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Burbank

INVOICE

47441

DATE

4/6/26

PRESENTING CLINICAL SIGNS

History: Presented on 4/1 with urinary obstruction and urolithiasis. Pt was unblocked and hospitalized on IVF with urinary catheter in place for 48hrs. Recheck radiographs were taken on 4/3 prior to planned cystotomy (chest and abdomen) which showed incidental pleural effusion, cardiomegaly and pulmonary mass. Asymptomatic. There is a gallop rhythm but no murmur. Surgery was postponed and IVF was discontinued. Thoracic radiographs were rechecked again on 4/5 which showed slight improvement in pleural effusion, but still present. Pt has remained asymptomatic.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. Adequate myocardial function. The left atrium is severely dilated with a horizontal component. No smoke or thrombi seen. The right atrium is moderately dilated. Mild RV hypertrophy. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. No mitral regurgitation present. There is no obvious tricuspid regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. Scant pericardial effusion. Pockets of pleural effusion seen. 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	7.6	210	0.75	1.2	0.85	58	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	2.2	2.2		1.6	0.8	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. Both should be considered in this case. Regardless, what is seen here is significant with moderate to severe LVH and severe biatrial dilation. This would suggest high risk for spontaneous CHF and/or blood clot events. No additional structural issues are seen.

These findings support the diagnosis of CHF v fluid overload in this case, with both pleural and pericardial effusion seen. It is assumed that this was a case of significant yet subclinical heart



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disease that was easily pushed into a fluid overloaded state. Regardless, full cardiac support is indicated going forward. Clearly fluid therapy must be used with extreme caution to balance the 2 issues going forward.

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 fluid therapy unless absolutely necessary in the future.

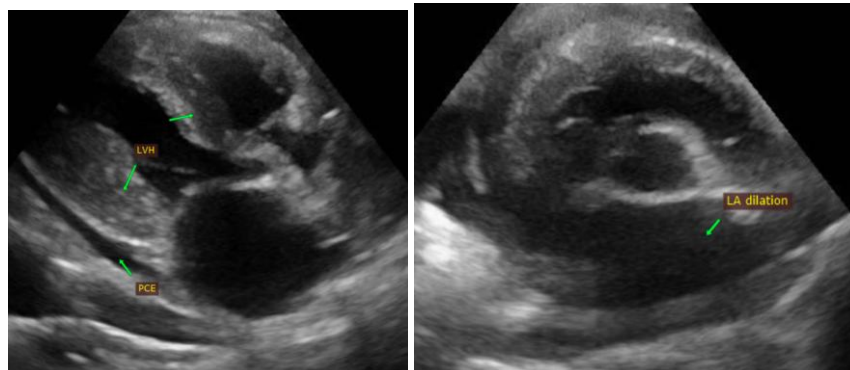
PLAN

Screening BP/T4. Ideally discontinue fluid therapy if able. Thoracocentesis if needed. Institute Lasix 1mg/kg 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 and should be coated in entirety or administer in a gel cap).

Monitor renal values, BP and effusion status in 1-2 weeks. If normotensive and doing well at that time, reinstitute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. 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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