



**PATIENT**

Snicklefritz Dayle

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Female

**AGE**

6.10 years

**WEIGHT**

7.94lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Animal Medical Center  
of Reno

**REFERRING VET**

Dr. Taormino

**INVOICE**

47832

**DATE**

5/12/26

**PRESENTING CLINICAL SIGNS**

History: Owner states cat is fine no issue. Diagnosed with heart murmur at SPCA went in for shots (no Issues). Presented 3 weeks (4/15/2026) for final vaccines and to get spayed and heart murmur noted. Presented 5/1/26 for abnormal breathing and grade 5/6 heart murmur. Increased RR effort abdominal effort during echo. Started on Lasix 6.25mg PO q24h for 20 days and improved. She is doing well with the Furosemide every 12 hours, but when she decreased to every 24 hours breathing got a little heavier. She also is becoming feisty and attacking housemates. PE RR: 110bpm and effort noted with inspiration and expiration. Lung sounds are difficult to assess. No wheezing or stridor appreciated. Tachycardia. Heart murmur on the left and right side. Abdominal breathing in owners arms and cat is full of air in the stomach.

-Abnormal PE/Chem/CBC/UA Results: elevated neutrophils. Chem: WNL. FIV/ FeLV- negative. Elevated BNP: 297pmol/L. CXR report: CHF. Thoracocentesis- Removed 60cc of cloudy fluid with slight blood

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 150bpm. Lead II is adequate; the remaining leads show significant motion artifact. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is inverted. No ectopic beats, pauses or dysrhythmias observed.

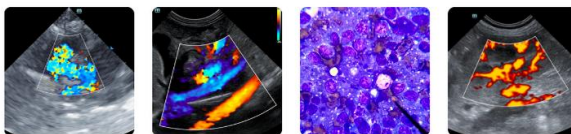
ECG diagnosis: Normal sinus rhythm.

**ECHOCARDIOGRAM FINDINGS**

2D and m-mode imaging is available. The left ventricular wall is normal in dimension with no hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly enlarged and hyperechoic. The LV is mildly dilated with adequate systolic function. The left atrium is significantly dilated without obvious smoke. The right atrium is moderately dilated. The right ventricle is normal. Mild TR. Velocity consistent with early PAH. Moderate to severe eccentric MR. Normal MR velocity. The mitral valve leaflet appears elongated and club-like in appearance. Mitral stenosis suspected on 2D and color flow imaging, although not assessed on Doppler. Scant pericardial effusion. Pockets of pleural effusion. No obvious cardiac tumors identified.

**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	3.6		0.39	1.76	0.32	60	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA1.76 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



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PATIENT	NM	2.0	1.65	1.2	0.8	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 likely diagnosis is mitral valve dysplasia causing mitral stenosis and mitral regurgitation. This is a congenital abnormality (i.e., present from birth), where the valve doesn't open nor close adequately. There is also abnormal closure with moderate to severe mitral regurgitation. The LV chamber is increased, secondary to MR. The LA is severely dilated, indicating the patient is at high risk for complication. Additionally there is TR present with moderate right atrial dilation as well. This is somewhat unexpected, and likely suggests a concurrent TV issue. The pulmonary pressures are elevated, which may simply be secondary to active congestion. No additional issues are identified the ECG shows a sinus rhythm.

These findings certainly support a diagnosis of CHF, and continued medications are indicated as below. Recurrent effusion despite Lasix suggests an unstable patient, and a dose adjustment is advised. The goal is to prolong asymptomatic life; however, the long-term prognosis is poor. Most cats can be managed on medications for an average of 8-12 months once CHF occurs. Patient will always be at risk for recurring CHF, development of arrhythmias and/or sudden death going forward.

Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

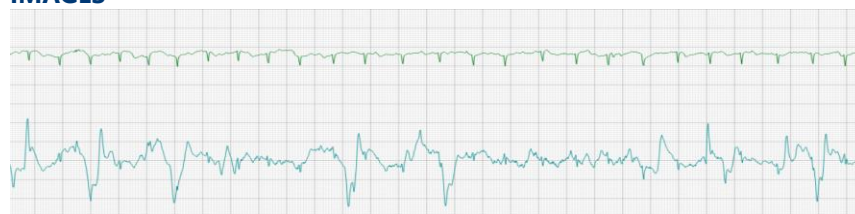
**PLAN**

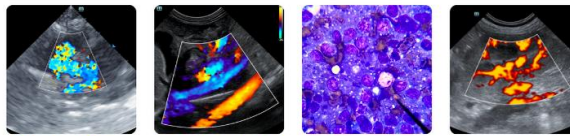
Consider repeat thoracocentesis, injectable Lasix in hospital until stable and discharge on the following: Increase Lasix to 1-2mg/kg PO q12h. Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Administer Pimobendan 1.25mg PO q12h.

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. If patient is doing well and BP >130mmHg, consider addition of an ACEI 0.5mg/kg PO q12h. If effusion is refractory, add spironolactone 6.25mg PO q24h.

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

**IMAGES**





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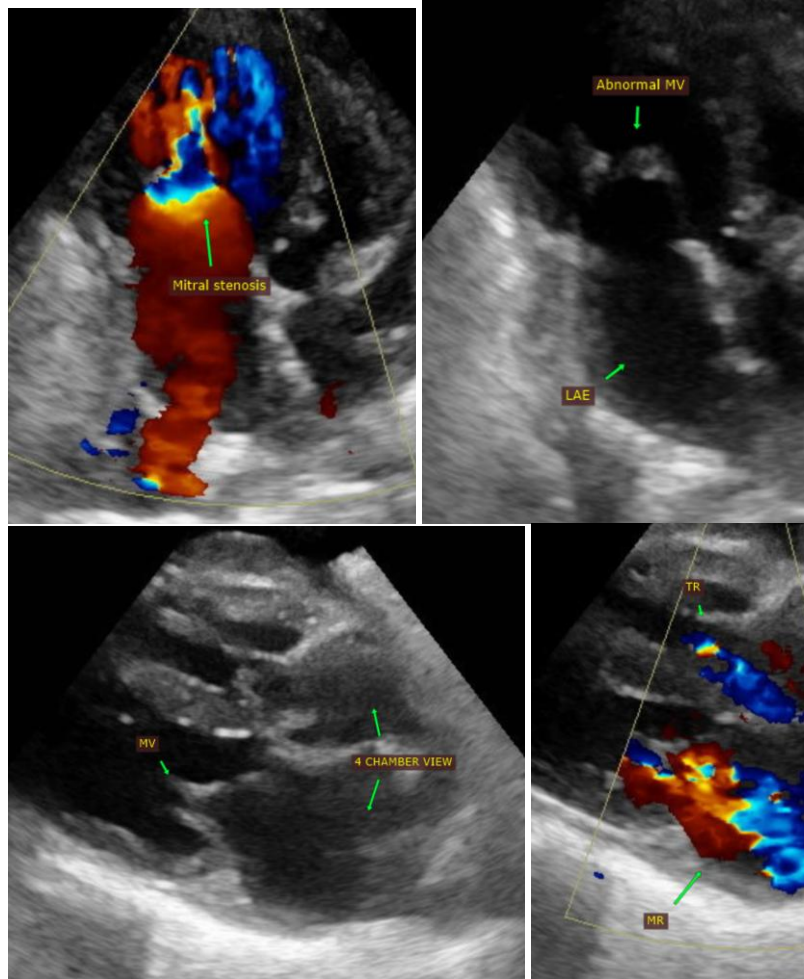
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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