



**PATIENT**

Shmoopy Colling

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Male Neutered

**AGE**

16 years

**WEIGHT**

13.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Chrissy Krell, DVM

**HOSPITAL NAME**

Companion Animal  
Hospital

**REFERRING VET**

Dr. Lider

**INVOICE**

47821

**DATE**

5/12/26

**PRESENTING CLINICAL SIGNS**

History: Arrhythmia. Irideal lesion (likely "freckle"), pain noted on caudal spine. 5/5/2026: NT-ProBNP: above 1500pmol/L (abnormal) T4: 2.7 (normal) Chem: AMY 1121 (H), BUN 44 (H), CRE 2.5 (H), USG: 1.018 (urinated during TXR) TXR: increased sternal contact on lateral view, dilated pulmonary vessels VD view, VHS 9.5, aorta appears more rounded BP: 134, 200, 223, 168mmHg. Sedated with Gabapentin. - ECG (Idexx): atrial fibrillation, HR: 220bpm.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. Significant cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with an increased LV chamber size. Increased LV sphericity. Mildly decreased LV function. The papillary muscles are mildly remodeled. The left atrium is severely dilated. No obvious spontaneous contrast; no obvious thrombus. Trace central MR. The right ventricle is mildly enlarged. The right atrium is mildly enlarged. Blood flow through the RVOT and LVOT is normal in velocity. Scant pericardial effusion. No pleural effusion. No obvious cardiac tumors. Irregular rhythm throughout.

**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>	6.1	NM	0.49	1.8	0.47	41	80
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	2.0	1.8	1.3	0.8	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 finding of severe left atrial enlargement in the face of normal LV wall thickness and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM); however, some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The right heart is also affected to a lesser extent. Of great concern, scant pericardial effusion is present, which is concerning for early congestion. No additional structural issues are seen.



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These findings do address the arrhythmia. Follow up and treatment should be dictated by the ECG report.

The finding of this degree of left atrial dilation and effusion is consistent with early congestive heart failure and immediate lifelong medications are warranted as below. If the patient has any clinical compromise in the near future immediate hospitalization should be considered.

The prognosis is poor, with a mean survival time for cats with CHF <8-12 months; however, most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Elective anesthesia is not advised.

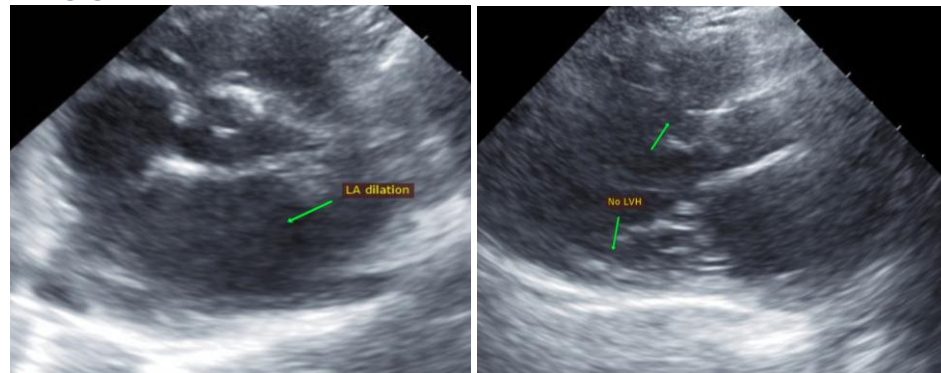
## PLAN

Follow and treatment for the arrhythmia should be dictated by the ECG report. Consider hospitalization if the patient experiences any clinical decline. Institute Furosemide 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). Institute Pimobendan (off label use) 1.25mg PO q12h.

Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. If doing well and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess 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



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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**

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

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