



**PATIENT**

Delbert Freyer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

12.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

A. Nicastro, DVM

**HOSPITAL NAME**

Meadowlawn Animal  
Services Market  
Commons

**REFERRING VET**

Dr. Gale

**INVOICE**

47846

**DATE**

5/13/26

**PRESENTING CLINICAL SIGNS**

History: Prior history of hypertension; controlled with Telmisartan. Previously diagnosed with cardiomegaly; Pimobendan started as echo not performed. Past 7-10 days, dyspnea; has been treated by ER and RDVM for CHF - started on Furosemide. RR stable now. ALP: 138.  
-Current medications: Furosemide 16mg BID, Vetmedin, Telmisartan.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
Cardiomegaly with evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is increased in dimension with a mildly dilated chamber. There is a mildly hyperechoic endocardium consistent with fibrosis. Adequate systolic function. There is papillary muscle hypertrophy and remodeling. The left atrium is severely dilated with a horizontal component. No evidence of intraatrial smoke. The right atrium is mildly enlarged. The right ventricle is mildly hypertrophied. The mitral valve is normal, with normal mobility. Mild central MR. Normal velocity. Mild TR. Normal velocity. No evidence of systolic anterior motion. Blood flow through the LVOT and RVOT is 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) (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>	5.5	NM	0.66	1.75	0.66	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>	2.3	2.5	2.2	1.7	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**

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 mild hypertrophy and severe LA enlargement. The right heart is also affected, albeit to a lesser extent. These findings suggests the risk for spontaneous CHF and/or blood clot event is elevated. Scant pericardial effusion likely suggests residual congestion.



**PATIENT**

Delbert Freyer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

12.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING  
PERFORMED BY**

A. Nicastro, DVM

**HOSPITAL NAME**

Meadowlawn Animal  
Services Market  
Commons

**REFERRING VET**

Dr. Gale

**INVOICE**

47846

**DATE**

5/13/26

Given these findings, continued full cardiac support is recommended as below. 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 steroids and fluid therapy unless absolutely necessary in the future.

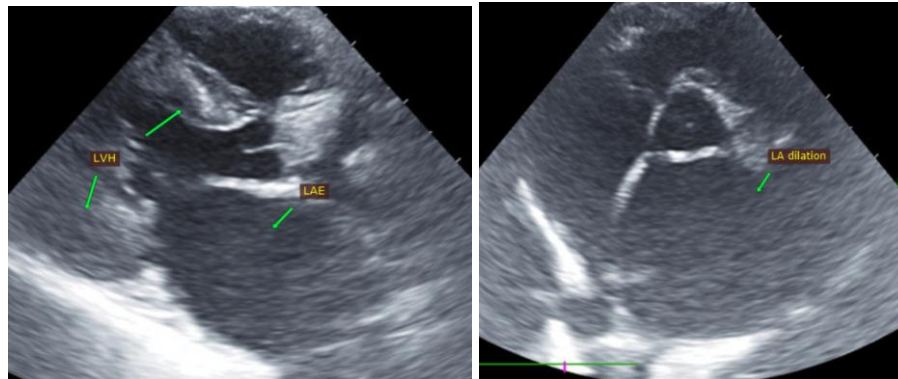
**PLAN**

Continue Lasix 1-2mg/kg PO q12h. Pending BP >130mg/kg PO q12h, institute ACE-I 0.5mg/kg PO q12h. If able, administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Monitor renal values and BP in 1-2 weeks then 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**  
**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**  
info@sonopath.com