



PATIENT

Leo Lewis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

21.11

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

35620

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- He was treated for fluid in his lungs in 2024. He was diagnosed with mitral valve regurgitation and CHF. He was started on pimobendan and Lasix. The owner is currently giving 2.5 mg of pimobendan bid. She is giving Lasix as needed, she typically gives it once weekly. She determines when he needs it based on it sounding like there is fluid in his lungs.
- Leo had an abdominal ultrasound in 2021. Inflammatory changes noted in the GIT and he was started on prednisolone. The vet who diagnosed his heart disease told the owner the prednisolone exacerbated the heart disease, and it needed to be stopped.
- Leo has liquid diarrhea. And while he is overweight, he has lost 3 pounds due to illness recently.
- Sent two radiology views
- Abnormal PE/Chem/CBC/UA Results: WBC 9.83, w/basophilia 0.75 (N 0.01 - 0.26), RBC 8.31, Hct 37.8 BG178, SDMA 8, Crea 1.2, ALT 55 usg > 1.050, gluc NEG, benign sed T4 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (mm)	LVIDd (cm)	LVWd (mm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240		1.0-2.1		35-67	80-100
PATIENT	9.59	NM	5.5 mm	--	7.4 mm	61.19	92.79
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6			<1.6	<1.3	40-60
PATIENT	2.57	2.27	21.4 mm		--	--	NM
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

Thoracic Radiographic Interpretation

Based on the thoracic radiographs provided, the cardiac silhouette does appear enlarged. There is no overt or obvious signs on the lateral views of congestive heart failure. On the DV view, there is concern for increased soft tissue opacity in the right middle lungs.



PATIENT

Leo Lewis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

21.11

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

35620

DATE

1/29/26

Cardiac Presentation

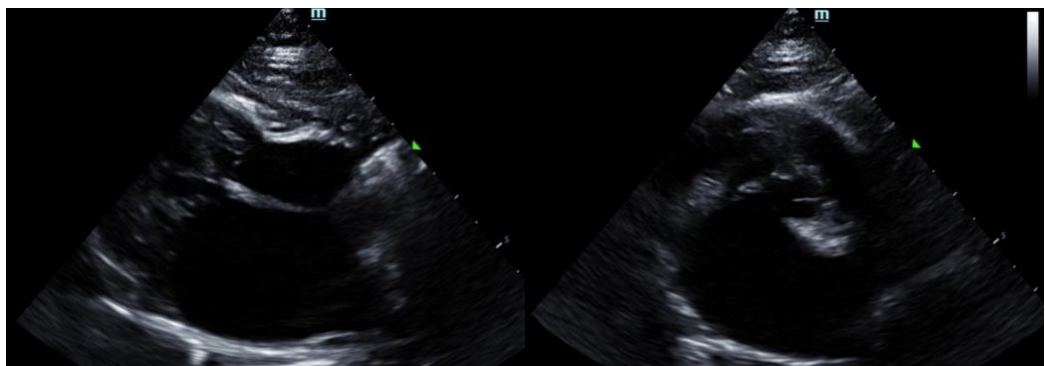
Based on the images provided, the left atrium is enlarged in two separate parameters. The mitral valve leaflets are normal and there is trace mitral regurgitation. There is mild thickening of the mitral valve. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is evidence of concentric hypertrophy of the free wall of the left ventricle. The right atrium is normal. The tricuspid valve appears normal. The right ventricle appears to have preserved systolic function subjectively. The aortic valve appears normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Based on the clinical assessments and the overall history, this patient has hypertrophic cardiomyopathy phenotype, stage C, due to the increased left atrial size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, it is imperative that the patient's blood pressure be assessed. Clopidogrel therapy at a dose of 18.75 mg, by mouth, every 24 hours, is strongly recommended to reduce the risk of a blood clot. Since this can be a progressive condition, a kidney panel should be performed every 3-4 months. It is imperative that the dose of Lasix be assessed and likely given on a more regular basis. Lasix administration should typically fall into 1-2 mg/kg, by mouth, once to twice per day, as needed, to manage the patient's overall therapy. The use of pimobendan can be continued. The enalapril should be considered in this patient, at a dose of 0.3 – 0.5 mg/kg, by mouth, twice per day. A recheck echocardiogram is recommended in 6 months, sooner if the patient develops cardiovascular clinical signs. Anesthesia is not recommended in this patient due to the enlargement of the left atrium. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. 9-





PATIENT

Leo Lewis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

21.11

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

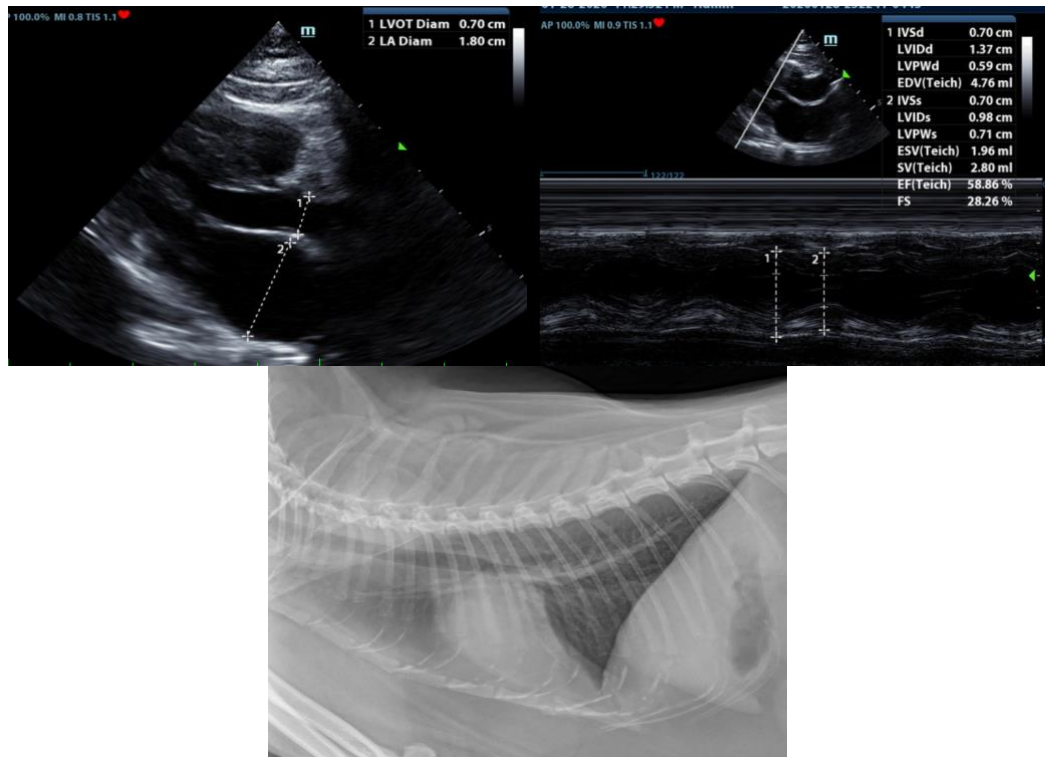
Dr. Renee Ziegler Post

INVOICE

35620

DATE

1/29/26



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

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Camden Rouben DVM, DACVIM (Cardiology)

info@SonoPath.com