



**PATIENT**

Teddy Stoll

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years 4 Months

**WEIGHT**

11.1 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Eric Lindquist

**HOSPITAL NAME**

Ringwood AH

**REFERRING VET**

Dr. Carroll

**INVOICE**

35497

**DATE**

11/13/25

**PRESENTING CLINICAL SIGNS**

History: Historical CHF w/ pleural effusion-chylous. Current medications: Pimobendan 1.25mg bid; Benazepril 2.5mg sid; Furosemide 12.5mg tid (increased in Oct due to pleural eff); Clopidogrel 18.75mg sid.

Abnormal PE/Chem/CBC/UA Results: Chylothorax dz 10/23/25, started between Sept/Oct.; CBC /Chem 9.23.25=nsf.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	5.04	194	0.48	1.65	0.52	--	--
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/)
<b>NORMAL PARAMETER</b>	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	--	1.88	--		~6.0	0.44	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

MR VMAX: ~4.0, TR VMAX: 1.68

**Cardiac Presentation**

The mitral valve leaflets are normal and there is mild mitral regurgitation. The left atrial size is moderately to severely increased. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Subjectively, left ventricular systolic function appears reduced. There is no evidence of left ventricular concentric hypertrophy. There is normal right atrial size with trivial tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on the images provided. The right ventricle appears normal in structure and function subjectively. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is pleural effusion and scant pericardial effusion. No intracardiac masses are identified.

**ULTRASONOGRAPHIC FINDINGS**

- Left atrial enlargement



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- Pleural effusion
- Pericardial effusion

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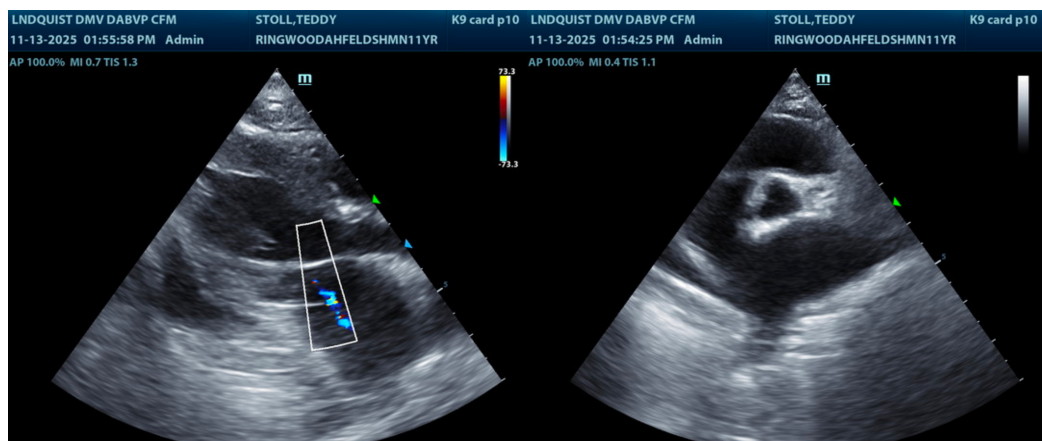
11/13/25

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

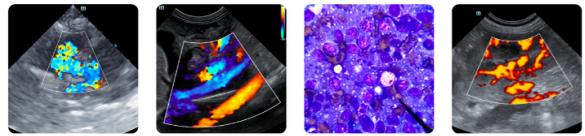
The patient does not have concentric hypertrophy. There appears to be systolic dysfunction and is currently classified as a non-specified cardiomyopathy. Mitral inflows are needed to help differentiate between a restrictive physiology. Other differentials for the pleural effusion include a neoplastic source versus idiopathic pleural effusion. There is concern given the lack of response to the effusion with the amount of diuretics the patient is on. The patient is on 7.5 mg/kg per day of Lasix; this is a ceiling effect of furosemide therapy. Given the persistent effusion, I would recommend considering switching to a rescue diuretic, such as torsemide (0.2 mg/kg, twice daily). Kidney values should be assessed, especially in the face of the increase in furosemide and prior to starting torsemide, as well as 7-10 days after starting torsemide. Torsemide is 7-10 times strong than furosemide therapy, and renal failure can occur. To be clear, when starting torsemide, furosemide is discontinued.

Given the patient's condition, strongly recommend referral to a veterinary cardiologist for further management and possible hospitalization for intravenous therapy. Other considerations include submission of the effusion for analysis and cytology. Can also consider abdominal imaging to rule out any other cause of the pleural effusion. The pimobendan can be optimized to 1.875 mg twice daily (1 ½ tablets of the 1.25 mg). Recommend ensuring the patient is normotensive and euthyroid as well, if not already done.

If the patient continues to effuse in the face of rescue diuretic therapy, humane euthanasia should be considered unfortunately. This patient's prognosis is poor to grave. Median survival times after the first episode of congestive heart failure for cats are typically 6-9 months. Given the persistent effusion and the current dose of Lasix, unfortunately it is suspected that the patient has less than 6 months.



The information and recommendations provided are based on the images presented by the



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**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.

Sara Brethel DVM, DACVIM (Cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)