



PATIENT

Princess Cooper

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

18 years

WEIGHT

11.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Seth Edgar, DVM

HOSPITAL NAME

Overpeck Creek
Animal Hospital

REFERRING VET

Dr. Edgar

INVOICE

46589

DATE

1/27/26

PRESENTING CLINICAL SIGNS

History: Presented on 1/13/26 for progressive weight loss, mild lethargy, mild decrease in appetite. CXR showed severe pleural effusion and possible abdominal effusion/peritonitis. Thoracocentesis was performed for sampling, could not achieve full removal. Cytology showed modified transudate; diapedesis versus evidence of previous/chronic hemorrhage. 1/27/26, second attempt was made to remove the fluid. Was able to remove 135ml of serosanguinous fluid. Breathing improved greatly. -Abnormal PE/Chem/CBC/UA Results: Neutrophils (19.314); Monocytes (5.423); SDMA (48); BUN (40); Creatinine (2.3); Cystatin B (451); Lipase (49); BNP (150); 2+ urine protein; 2+ blood in urine.

ECHOCARDIOGRAM FINDINGS

Limited 2D, m-mode and color flow is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR or TR. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	5.4	120	0.42	1.2	0.42	55	86
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)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.3	1.2		NM	NM	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.*

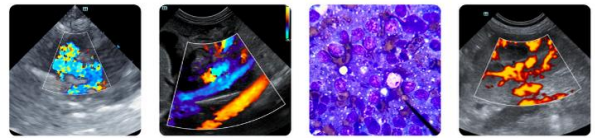
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Limited image set provided. What can be said is there is no evidence of cardiac disease in this patient. The LV wall thickness is normal, ruling typical HCM. Both atria appear normal in size, suggesting low risk for complication. No further comment can be made.

Given these findings, no medications are indicated. Prognosis is good.

No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which may be the case; however, alternative causes for elevation should be considered, including decreased renal clearance, hypertension, etc. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

These findings would suggest bicavitary effusion is noncardiogenic in origin. Follow up is dictated by results of systemic evaluation.



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Anesthetic risk is considered mild. Risk for complication with steroid use or fluid administration typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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
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