

**PATIENT**  
Ranger Sanidas

**PRESENTING CLINICAL SIGNS**

History: May 2022, periods of ataxia, possibly falling over, lethargy. Elevated ProBNP (151). Possible mass/infection in left bulla on skull rad. Treated with oral marbofloxacin and otic medication as well. Neuro consult: NSF on neuro exam: r/o Otitis media/internal. Many rule outs. No episodes since May. No murmur noted. Sedated with alfaxalone/butorphanol.

**SPECIES**  
Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**BREED**  
DSH

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal. There is minimal endocardial fibrosis. The papillary muscles appear normal.

**SEX**

**Left atrium:** The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

Male Neutered

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

**AGE**

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

7 years

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**WEIGHT**  
15lbs

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**INTERPRETED BY**

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 130bpm.

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

**Doppler Measurements**

Ao diam (cm)	0.9
LA diam (cm)	1.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.43
LVID diastole (cm)	1.5
PW thickness (cm)	0.50
LVID systole (cm)	0.75
FS (%)	50

PV Vmax (m/s)	0.54
AoV Vmax (m/s)	0.88
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Falmouth Animal  
Hospital

**REFERRING VET**

Dr. Hauser

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is considered normal.

**INVOICE**  
26661

An elevated BNP may be secondary to early fibrosis or may be a false positive (a known weakness of the test). Consider other causes of elevation, including hypertension or early renal disease. Monitoring is advised. Prognosis is open at this time.

**DATE**  
10/3/22



**PATIENT**

Ranger Sanidas

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

15lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**

Falmouth Animal  
 Hospital

**REFERRING VET**

Dr. Hauser

**INVOICE**

26661

**DATE**

10/3/22

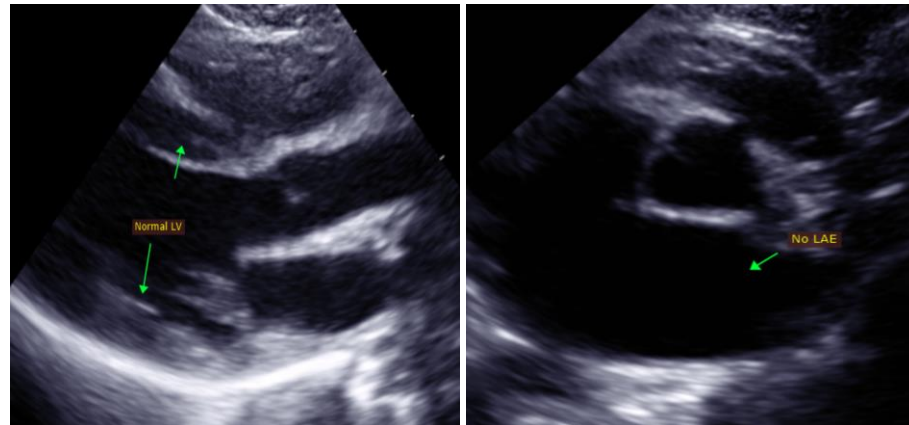
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- Consider baseline BP, renal values, etc. as discussed.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**PLAN**

- Recommend recheck echocardiogram in 1 year to ensure no progressive issues are seen, sooner if a murmur or gallop is noted in the interim.

**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**  
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com