



PATIENT
Mauser Sawyer

PRESENTING CLINICAL SIGNS

History: Presented with pendulous abdomen noted by owner along with weight gain in spite of diet restrictions. Abdominal fluid seen on radiographs (clear, straw-colored). FIP PCR pending. Decreased appetite x 3 days, still drinking normally. On furosemide 12.5mg BID x 3 days - no noticeable change in fluid volume, still gaining weight. ProBNP 207. Albumin 2.5; ALT 22.

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 a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

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.

4 years

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

Right atrium: The right atrium is normal in dimension.

WEIGHT

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

17lbs

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 seen. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.5
LVID diastole (cm)	1.2
PW thickness (cm)	0.5
LVID systole (cm)	0.6
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.6
AoV Vmax (m/s)	0.78
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Barnstable Animal
Hospital

REFERRING VET

Dr. McCartney

INTERPRETATION OF THE FINDINGS

No obvious cardiac cause for ascites is identified. The cardiac structure and function are overtly normal, with no evidence of a cardiogenic origin. The LV wall thickness is normal and there is no evidence of elevated left or right atrial pressure. No obvious cardiac or extra-cardiac tumors are identified, however 2D ultrasound is largely insensitive for identification of small masses.

INVOICE

21441

Further diagnostics/treatment are recommended. Submission of the fluid for cytology/culture is recommended if not previously performed. Finally, full systemic evaluation including lab work, AUS, CT scan, etc. is also recommended.

DATE

10/8/21

No obvious cause of BNP elevation is identified, and this may reflect a normal variant. Consider ruling out systemic hypertension with a baseline blood pressure.



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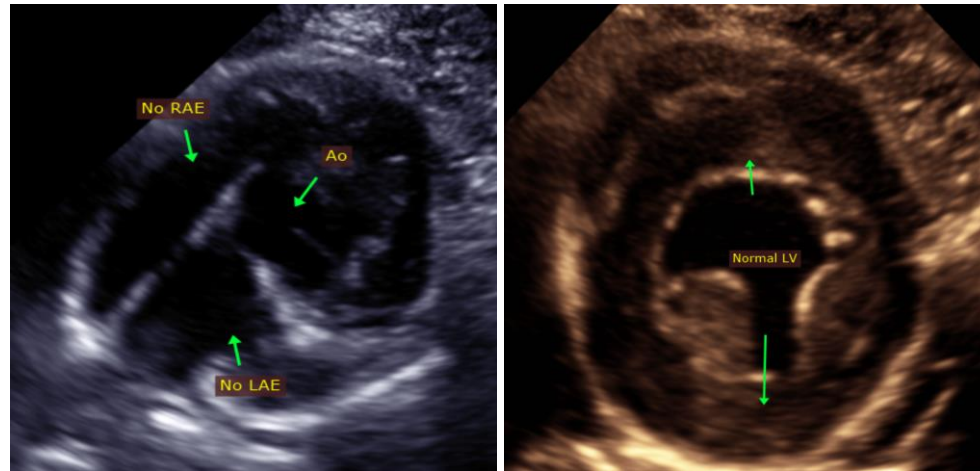
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- 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 should a murmur, gallop, or signs of cardiac disease develop in the future.

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.

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