

PATIENT

Mr. Miagi Bova

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16 years

WEIGHT

14.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sabrina Russett, DVM

HOSPITAL NAME

Court Street
Veterinary Hospital

REFERRING VET

Dr. Russett

INVOICE

45836

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Hyperthyroidism diagnosed summer of 2025; successfully treated with i131 treatment. TT4 on 11/4/25 WNL (1.0ug/dL). ProBNP enzymes remain elevated 1,366pmol/L. Today, tachycardic 200bpm today, no apparent arrhythmia. Grade 3/6 cardiac murmur though femoral pulses strong & synchronous. BP today (doppler): 140mmHg. Sedated with Gabapentin, Torb, and Acepromazine.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through both the LVOT is not accurately assessed; however, an obstruction is not seen on color flow or 2D imaging. The RVOT velocity appears largely normal. 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	6.5	NM	0.58	1.4	0.58	47	90
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	1.3	1.4	1.3		NM	>1.0	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is borderline LV wall dimensions, which may be indicative of early hypertrophic disease or may simply represent a normal variant. There is also mild fibrosis of the left ventricular wall which is likely an age-related finding. While these findings may or may not explain an elevated BNP, a false positive is also possible. Regardless, the LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression. A screening BP and T4 are recommended every 6 months (both reported normal) going forward.

No cardiac specific medications are indicated. Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

Prognosis is open.

Anesthetic risk is mild, however any cat with fibrosis and diastolic dysfunction will be at risk for IV fluid overload. Careful monitoring of breathing rates during and after administration is advised.



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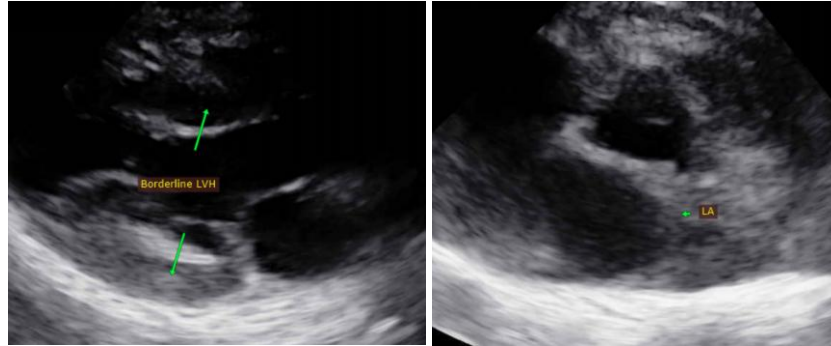
11/19/25

PLAN

Baseline BP and T4 are recommended every 6 months.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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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