

PATIENT

Boots Brannen

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

17.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Meredith Swart, DVM

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

INVOICE

45938

DATE

12/1/25

PRESENTING CLINICAL SIGNS

History: Seen recently for increased respiratory issues. Has an active URI at the moment and Clavamox was started this weekend. CXR showed possible CHF, possible cardiac abnormality. Elevated BNP. No murmur/arrhythmia

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

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 and RVOT is normal in velocity. 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	7.8	NM	0.58	1.3	0.58	53	87
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	1.5	1.3	1.3		1.8	1.8	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

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.

These findings would rule out a cardiac contribution to any respiratory signs.

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.



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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.

SPECIES

Feline

PLAN

Baseline BP and T4 are recommended every 6 months.

BREED

DSH

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

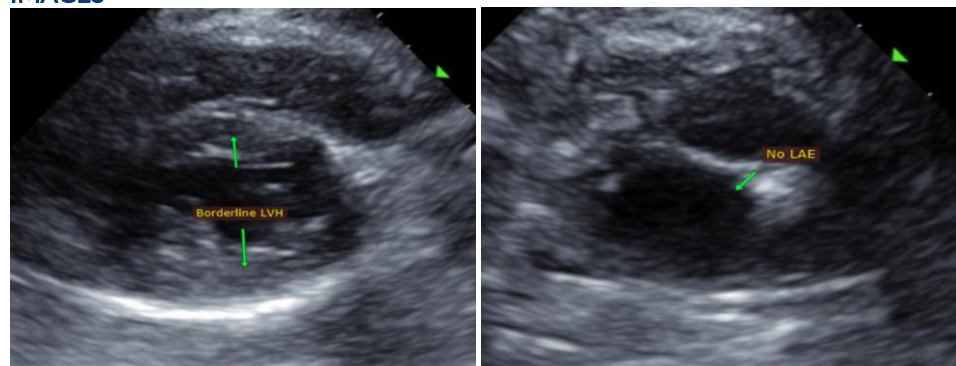
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

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