



## PATIENT

Mac Dale

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

2 years

## WEIGHT

8lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

G. Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound  
Services

## REFERRING VET

Dr. Cintron

## INVOICE

46207

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

History: Presented for respiratory distress and vomiting once. Ascites and is suspicious of FIP. Elevated BNP. CXR showed mild diffuse bronchial and multifocal patchy unstructured interstitial pulmonary pattern. Suspect collapsed right lung lobe and alveolar infiltrate. Cardiomegaly.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is minimal remodeling of the endocardium. No significant fibrosis. 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. Trace TR. 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.6	220	0.48	1.3	0.46	47	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.3	1.2		0.8	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 &amp; 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

Overtly normal cardiac structure and function. No obvious pathology is appreciated with normal wall thickness and no LA enlargement for this signalment. Flow through the great vessels is normal and no additional issues are identified. Given these findings, no medications are indicated.

No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which is suspected in a 2yo cat; 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 the current clinical issues/ascites are certainly noncardiogenic in origin. Follow up as dictated by results of systemic evaluation.

No cardiac contraindication for general anesthesia. Risk for complication with steroid use 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.



## PATIENT

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

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## IMAGES

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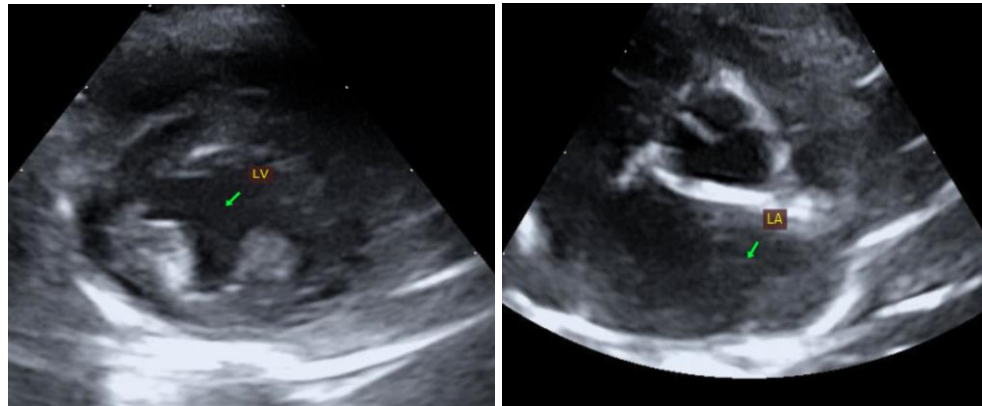
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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