



**DATE PRESENTING CLINICAL SIGNS**

12.9.25 History: Elevated ProBNP and thyroid level.  
-Current medications: Methimazole transdermal since October. Not controlled. On Gabapentin for scan  
-Blood Pressure: 140mmHg, 144mmHg.

**PATIENT**

Shadow McMahon

-Sedation used: Not required to complete full diagnostic ultrasound.  
-Pertinent previous ultrasound results: No previous.  
-STAT: Not requested.  
-Imaging performed by: Andi Parkinson, BS, RDMS.

**SPECIES**

Feline

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental information only.  
Normal cardiac silhouette. No obvious evidence of CHF.

**BREED**

DSH

**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 velocities are normal. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**AGE**

4.1.12

**CARDIAC CHART**

**WEIGHT**

11.1lbs

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	177	0.56	1.4	0.57	51	86
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	NM	1.1	1.3		1.0	1.3	NM

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.

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**

Northwind AH

**REFERRING VET**

Dr. Lentz

**INVOICE**

46107

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The only abnormality identified is borderline LV wall dimensions, which may be indicative of early hypertrophic disease, may be secondary to uncontrolled hyperthyroidism, or may simply represent a normal variant. Follow up is advised once the thyroid is controlled. 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 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.

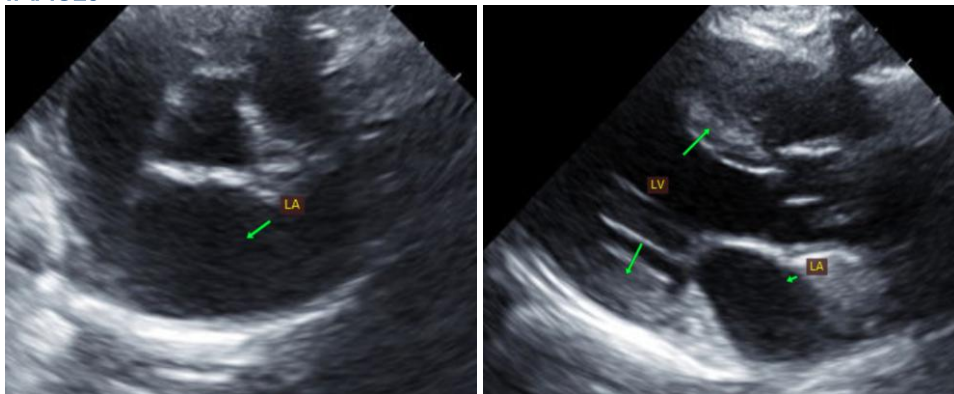
Anesthetic risk is mild, however any cat with fibrosis and diastolic dysfunction will be at risk for IV fluid overload. Careful monitoring of breathing rates during and after administration is advised.

#### PLAN

Address thyroid disease as dictated by IM. Routine BP and T4 monitoring 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.

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