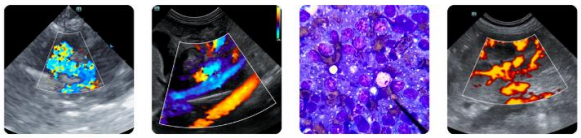


DATE

2.13.26

PATIENT

Chip Nunan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2.11.17

WEIGHT

10.7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Banfield Abingdon

REFERRING VET

Dr. Aylward

INVOICE

46825

PRESENTING CLINICAL SIGNS

History: Has been drinking a lot more water lately. Not wanting to eat dry food at all, losing weight. New murmur.
-Pertinent abnormal PE/Chem/CBC/UA Results: Chem: ALT 211 (H) (Nov was 40 WNL), (Could not get enough blood for CBC - postponed) BUN 9 (L) (Nov was 14 L), Creat 0.5 (L) (Nov was 1.4 WNL), GGT 13 (H) (Nov as 1 WNL), Phos 2.2 (L) (Nov was 4.8 WNL). Thyroid Screen (TT4): 2.9 (WNL). SNAP ProBNP: Abnormal (slightly darker than control). Urinalysis (in house): Color: Pale Yellow Collection: Cysto Appearance: Cloudy, Specific Gravity: 1.031 Sediment: No Pellet, Dipstick: Blood: Neg Cytology: WBC: Neg, Bili: Neg RBC: Neg, UroBili: Neg Epith: Neg, Ketone: Trace Bact: Neg, Prot: +++300 Crystals: Neg, Nitrite: Neg Casts: Neg, Glu: +250 Sperm: Neg, pH: 6.5, Leuko: Neg
-Current medications: Denamarin 1 cap PO q24hr for 30 days, Gabapentin 50mg/mL (1mL) PO 24hr, 12hr, AND 90 min prior to vet visits
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. 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. Trace AI. Blood flow through both the LVOT and RVOT is normal in velocity. Pockets of pleural effusion. No 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.9	NM	0.46	1.2	0.50	55	88

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	1.2	1.2	1.1	0.9	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Flow through the great vessels is normal, and no significant valve regurgitation is identified.

These findings would suggest pleural effusion is noncardiogenic in origin. Further workup is certainly recommended, including fluid sampling for cytology, systemic evaluation, etc. 3-view CXR should be obtained post fluid removal.

Given these findings, no medications are indicated. Prognosis is good.

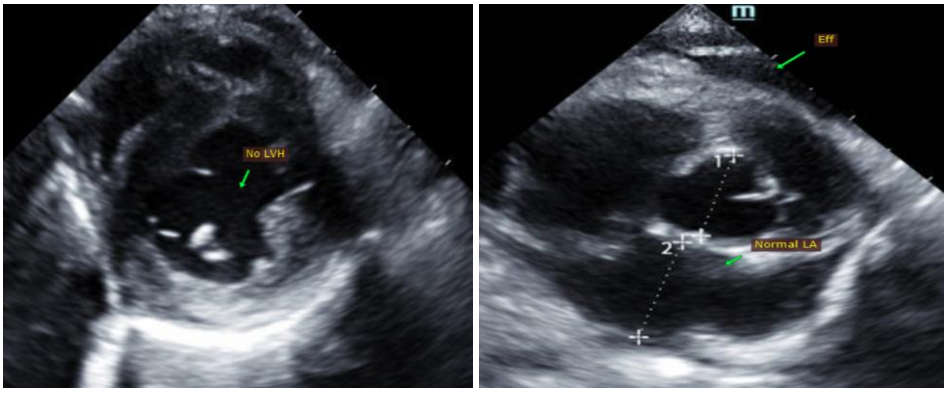
Anesthetic risk is considered mild. Risk for complication with steroid use or fluid administration typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

Further workup for pleural effusion as described.

Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com