



DATE PRESENTING CLINICAL SIGNS

2.24.26

PATIENT

Wasabi Banks

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8.29.19

WEIGHT

12.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Hatzigiannakis

INVOICE

46972

History: Elevated BNP. No heart murmur. Assess prior to dental.

-Pertinent abnormal PE/Chem/CBC/UA Results: CBC- MCHC (H) 36.3g/dL, Neutrophils (L) 2.346K/ μ L, Lymphocytes (H) 7.019K/ μ L. Chem- IDEXX SDMA high normal at 14 μ g/dL, Creatinine high normal at 2.1mg/dL, BNP Markedly elevated 1,500pmol/L. T4 wnl 2.2. UA- USG 1.047, protein 2+, RBC 6-10, 1+ amm mg phos crystals. Thyroid 2.2.

-Current medications: None.

-Blood Pressure: Doppler, tail--112mmHg, 112mmHg, 110mmHg.

-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.

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 MR. The LVOT velocity is normal; however, possible intermittent SAM is seen on 2D and color flow imaging. Blood flow through the 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.7	200	0.48	1.6	0.47	52	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	1.2	1.1	1.2	1.0	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. Possible intermittent SAM is suspected; however, this appears insignificant. No additional issues are identified.

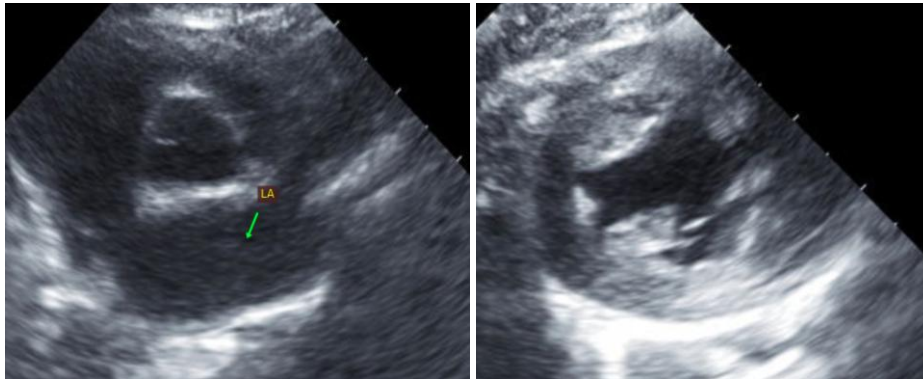
Given these findings, no medications are indicated. Prognosis is good.

No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which is likely in this case. Particularly given that other common causes of elevation have been ruled out. If no obvious cause is identified, reassessing this patient in 1 year is recommended to ensure early disease was not missed.

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.

Recommend recheck echocardiogram in 1 year 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