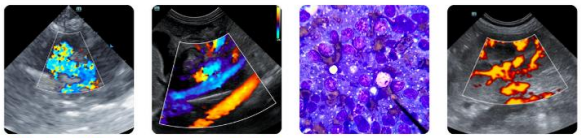


DATE

2.26.26

PATIENT

Danny Kwiatkowski

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1.1.18

WEIGHT

13.18lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Dmiszewicki

INVOICE

47022

PRESENTING CLINICAL SIGNS

History: Presented for annual wellness exam. At presentation, Patient was BAR. Prolonged history of elevated ProBNP, with the most recent results from 1/27/26 being significantly elevated since the previous lab work from 2024. Intermittent murmur, previously auscultated at grade 3/6.
-Pertinent abnormal PE/Chem/CBC/UA Results: BNP 445.
-Current medications: None listed.
-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 borderline in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Mild papillary muscle remodeling. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal in size. The right ventricle appears normal. No TR. Blood flow through the LVOT is normal on color flow. Blood flow through the RVOT is normal in velocity. No AI/PI. No obvious cardiac tumors identified. No effusions.

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	6.3	210	0.56	1.4	0.56	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	1.3	1.3		1.4	1.4	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

The only abnormality identified is the LV wall thickness is borderline in dimension. While this may reflect early HCM phenotype, a normal variant is also possible. Follow up is recommended. Regardless, the LA is normal which would indicate clinical stability at this time. Serial echocardiography will be necessary to determine progression. A screening BP and T4 are

recommended every 6 months as possible contributing factors. No cause for the murmur is identified, suggesting a physiologic origin is likely.

No obvious structural cause for BNP elevation is seen here. A flaw of the BNP test is false positives, which may be the case; 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.

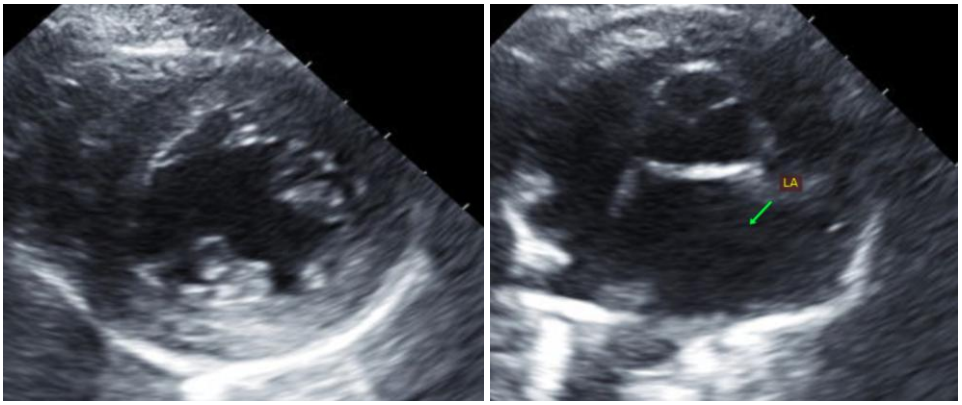
No medications are warranted at this time and prognosis is open.
Anesthetic risk is mild, however any cat with fibrosis and diastolic dysfunction will be at risk for IV fluid overload. Careful monitoring of breathing rates during and after administration is advised. Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

Baseline BP and T4 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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