



PATIENT

Kiko Perwas

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

16.7 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Hesham Akbawy, DVM

HOSPITAL NAME

Lincoln Avenue Cat
and Dog Hospital

REFERRING VET

Dr. Hesham Akbawy

INVOICE

47018

DATE

2/26/26

PRESENTING CLINICAL SIGNS

History: Cough when sleeping. Arrhythmia. CXR show soft tissue opacity in the mediastinum & right atrial area. Normal BNP, T4 and renal values. BP: 216mmHg; starting with Amlodipine.

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. No MR. Blood flow through the RVOT is normal. Blood flow through the LVOT is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors. A large hypoechoic fluid-filled lesion is appreciated cranial to the heart base. Bradyarrhythmia throughout the study.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	NM	0.50	1.2	0.45	47	90
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		0.9	1.0	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.
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 geriatric 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. **A bradyarrhythmia is apparent throughout the study and no further comment can be made without an ECG with is strongly recommended.**

A relatively large cystic lesion is appreciated cranial to the heart base. A benign branchial cyst is suspected based upon the location and size; however, more significant pathology cannot be ruled out. Recommend sampling as the next step, to rule out an abscess and attempt to obtain a definitive diagnosis. Additionally, removing a significant amount of the effusion may improve



PATIENT

Kiko Perwas

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

16.7 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Hesham Akbawy, DVM

HOSPITAL NAME

Lincoln Avenue Cat
and Dog Hospital

REFERRING VET

Dr. Hesham Akbawy

INVOICE

47018

DATE

2/26/26

overall quality of life and should be done for therapeutic purposes as well (although it is expected to return). A thoracic CT scan may also be warranted pending results.

Given these findings, no medications are indicated.

Anesthesia is not advised due to the arrhythmia.

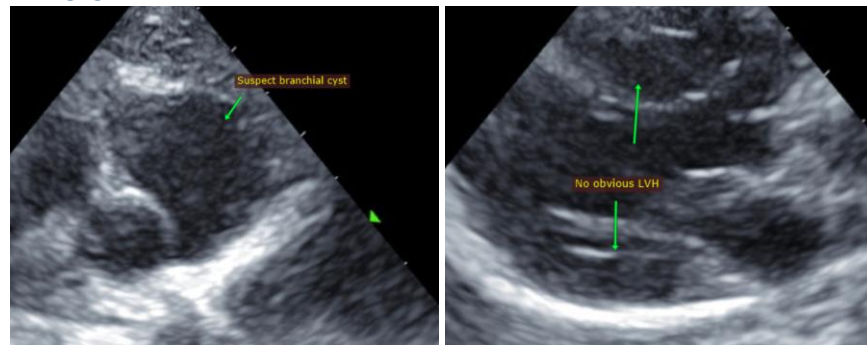
The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

PLAN

Lesion sampling with cytology +/- thoracic CT scan if elected. Baseline ECG and BP recommended.

Recommend recheck echocardiogram in 1 year, sooner if clinical signs arise.

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