



PATIENT

Aline Subervi

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 years

WEIGHT

6.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Trish Turner, CVT

HOSPITAL NAME

Straley Veterinary
Associates

REFERRING VET

Dr. Shapira

INVOICE

46691

DATE

2/4/26

PRESENTING CLINICAL SIGNS

History: Presented to EC for having 2 episodes; seemed to have a leg problem then seized up. Elevated BNP. Marked arrhythmia noted. Sedated with Torb and Alfaxalone.
-Abnormal PE/Chem/CBC/UA Results: Mild neutropenia, elevated BNP and T4.

ECHOCARDIOGRAM FINDINGS

Limited 2D, m-mode and color flow 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 mildly enlarged. The right ventricle appears normal. The mitral valve is normal in structure and mobility. 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 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 2.9 | NM | 0.37 | 1.2 | 0.38 | 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 | 1.4 | 1.3 | NM | NM | 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

What can be said from this image set is the left heart appears largely normal. The left atrium is not dilated, suggesting risk for complication is low. The right atrium does appear mildly enlarged, which is of unknown significance. Monitoring is advised. No additional structural issues are seen. An arrhythmia is noted and an ECG should be obtained.

These findings do not clearly explain the reported episode. A cardiogenic thrombus is considered unlikely and other possibilities should be considered.

Given these findings, no medications are indicated. Prognosis is open from a cardiac standpoint.

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,



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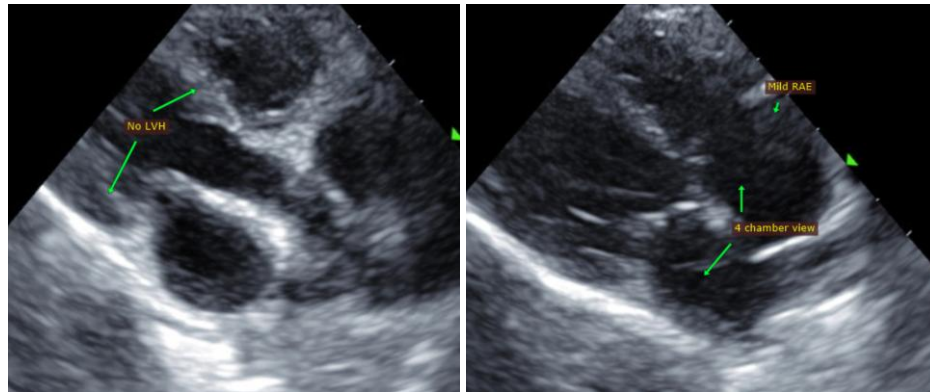
2/4/26

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.

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.

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