

**PATIENT**

Kai Barr

**SPECIES**

Feline

**BREED**

Burmese

**SEX**

Male Neutered

**AGE**

15.2 years

**WEIGHT**

6.3

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

T.Tenorio, DVM

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Binor

**INVOICE**

23009

**DATE**

3.9/22

**PRESENTING CLINICAL SIGNS**

History: History of feline asthma (10/2021) and treated with an inhaler and Prednisolone. Clinical signs resolved. Breathing issues recurred approximately 2/9/22. No coughing or hacking but having a high pitched "meow". Patient seems uncomfortable and seems to tire easily. Some wheezing. Occasional vomiting. No nasal or eye discharge. Cardiac imaging to determine if cause of wheezing/breathing issues. rule out neoplasia, CHF, pneumonia, bronchitis.  
-Abnormal PE/Chem/CBC/UA Results: Renal disease present SDMA=26 (0-14), Creatinine=3.0 (0.9-2.3), BUN=50 (16-37, Potassium=3.4 (3.7-5.2), BNP=573 (0-100), CK=524 (164-440), T4 is normal  
-Radiograph results: Gallop rhythm, tachycardic.

**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 fibrosis. The papillary muscles are mildly remodeled 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. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	6.3		0.42	1.4	0.41	40	72
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	1.1	1.1	1.0		1.0	1.0	NM

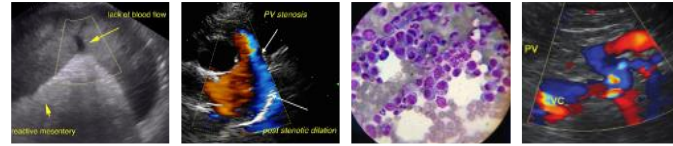
*\*Note: All measurements based upon multi-modal images and methods. An average value is reported. Adapted from June Boon, Veterinary Echocardiography, 1998  
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.*

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure.

No cardiac contribution to the clinical signs is suspected with refractory respiratory issues more likely. Consider a radiologist evaluation of the films for more detailed pulmonary interpretation. Given these findings, no medications are indicated. A baseline blood pressure is recommended in any azotemic cat.

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 (suspected)**, hypertension, etc. If no obvious cause is



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identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

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No cardiac contraindication for general anesthesia.

Recheck echocardiogram is recommended in 1 year to screen to any progressive changes.

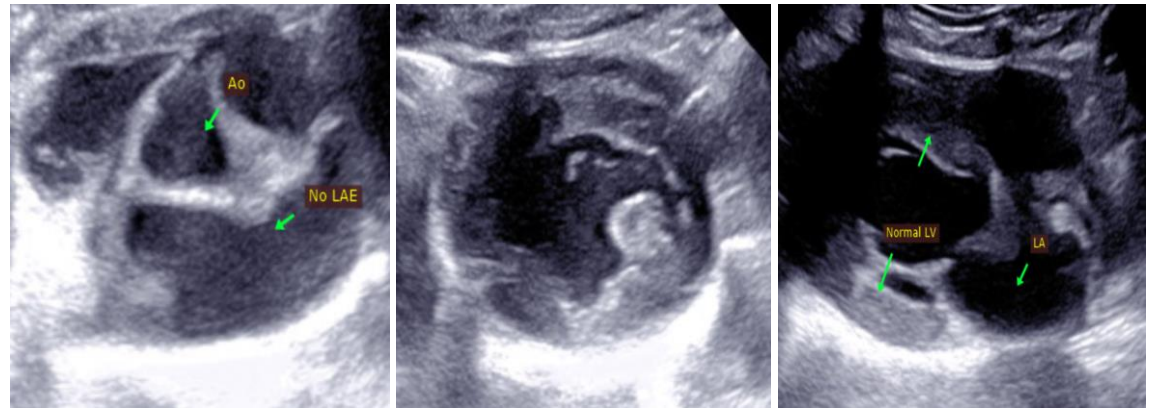
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**IMAGES**

**SEX**

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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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

T.Tenorio, DVM

**Maggie Machen Lamy, DVM**  
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