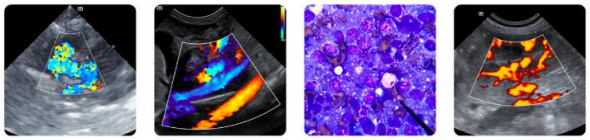

PATIENT

Biggie Smalls Blanchard

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7.6 years

WEIGHT

8.6lbs

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

47531

DATE

4/11/26

PRESENTING CLINICAL SIGNS

History: 1-week of labored breathing; otherwise, normal. Muffled left sided heart sounds. Tachypnea, normal CRT, HR = 200, mild bronchovesicular sounds bilaterally. Severe pleural effusion present on thoracic radiographs. Thoracocentesis produced 110 mL of chylous fluid. CBC showed mild neutrophilia and mild lymphocytosis; Chem was WNL.

ECHOCARDIOGRAM FINDINGS

Limited 2D, m-mode, color flow and doppler imaging is available. Image acquisition is limited by a large intrathoracic mass and pleural effusion. The mass is expected to be extra-cardiac in origin, although the pericardium is difficult to visualize. 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 TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. Pleural effusion is noted.

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	3.9	NM	0.38	1.2	0.34	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	1.0		1.2	0.9	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

The general impression is that the pleural effusion is secondary to a large intrathoracic mass. The mass is suspected to be extra-pericardial in origin, although anatomic distortion limits evaluation. The heart itself is unremarkable with no atrial enlargement and normal LV wall thickness. No additional issues are seen.

Given these findings, further workup is certainly indicated. A focused thoracic ultrasound with aspirates is indicated. If this cannot be done safely at your facility, a referral should be

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considered. 3-view CXR should be obtained once the effusion is removed and thoracic CT scan may be necessary.

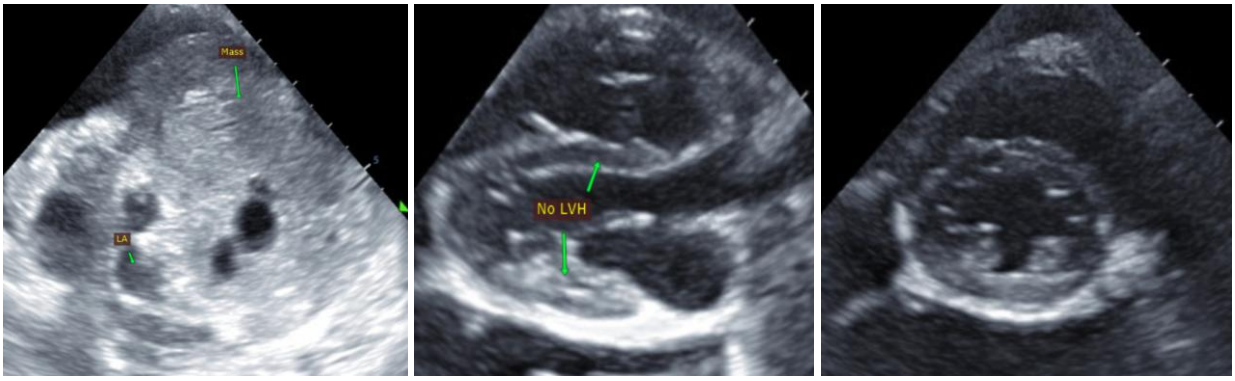
Given these findings, no medications are indicated. Prognosis should be dictated by results of further evaluation.

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.

PLAN

Immediate thoracocentesis followed up, followed by 3-view CXR with Radiologist review. A focused thoracic ultrasound with FNA as able should be considered. A thoracic CT scan may be necessary. Referral should be considered in this case.

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