



**PATIENT**

Tao Farrington

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Male Neutered

**AGE**

2 years

**WEIGHT**

13.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

P. Mayfield, DVM

**HOSPITAL NAME**

Broken Top  
Veterinary Clinic

**REFERRING VET**

Dr. McSwain

**INVOICE**

30126

**DATE**

4/7/23

**PRESENTING CLINICAL SIGNS**

History: Chronic elevated ProBNP. No heart murmur. Sedated with Gabapentin 100 mg ~ 6 hours prior to echo, and total of 0.2 mg/kg butorphanol IV.

-Abnormal PE/Chem/CBC/UA Results: Eupneic. Blood work; 2/20/23: CBC: -- HCT: 53% (28-52) -- RBC: 13.87 M/uL (7.1-11.4) -- HGB: 16.3 g/dL (10.3-16.2) -- Remainder wnl CHEM: -- CK: 737 U/L (64-440) -- TCO2: 24 mmol/L (12-22) -- Remainder wnl T4: wnl at 3.0 cardiac ProBNP: -- 870 pmol/L (0-100) -- previously 372 (unknown date of this sample) FeLV/FIV/HW: Neg x 3  
-ECG: Reportedly NSR.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a minimally remodeling of the endocardium. No significant fibrosis. 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 obvious valve regurgitation. 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 (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	6.2	NM	0.47	1.5	0.41	57	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	1.25	1.2	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**

Overtly normal cardiac structure and function. No obvious pathology is appreciated with normal wall thickness and no LA enlargement. Flow through the great vessels is normal and no additional issues are identified. Given these findings, no medications are indicated.

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.

Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate



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stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use 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.

## SPECIES

Feline

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

## BREED

Siamese

## SEX

Male Neutered

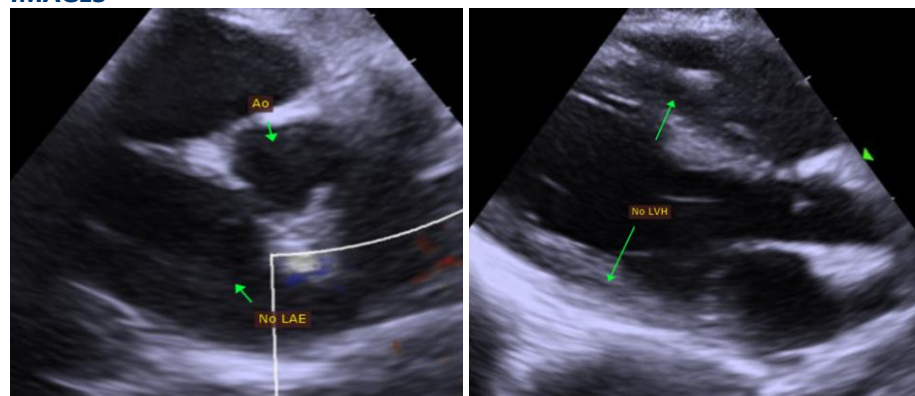
## AGE

2 years

## WEIGHT

13.7lbs

## 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.**

## 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

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