



**PATIENT**

T Grr Wagner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14 years

**WEIGHT**

11.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dr. Wasserman

**HOSPITAL NAME**

Highlands Animal  
Hospital

**REFERRING VET**

Dr. Frankenberger

**INVOICE**

47737

**DATE**

5/1/26

**PRESENTING CLINICAL SIGNS**

History: Pet originally present for inappetance, weight loss, cough. Chest rads showed pleural effusion and pulmonary edema, visible enlarged LN or mass cranial to heart on lat view, cardiac image not visible. Started on Clavamox/Furosemide 4/25.

Abnormal PE/Chem/CBC/UA Results: Repeated chest rads today, no improvement. Labs done 4/25 CBC severe leukocytosis with elevated Neutrophils and Eosinophils. Panel normal except mildly low K. Chem panel repeated today low ALT <10 and low K 3.2 (was 3.5).

Sedated with 0.1ml butorphanol.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderlime normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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 MRE. Mild to moderate TR; normal velocity. Blood flow through both the LVOT and RVOT is normal in velocity. Significant pleural effusion. No pericardial effusion seen. No obvious cardiac tumors.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	5	NM	0.58	1.3	0.57	60	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	1.2	1.2		0.8	0.8	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>                      Adapted from June Boon, Veterinary Echocardiography, 1998                      Abbott J &amp; 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall cardiac dimensions are essentially normal. The LV wall thickness is borderline, and serial monitoring is advised. This is suspected to reflect pseudohypertrophy, given active effusion. The LA is normal suggesting low risk for complication. Flow through the great vessels is normal, without evidence of obstructive disease. Mild to moderate TR is of unknown significance, as no pulmonary hypertension is documented. No significant issues are seen.

These findings would certainly suggest **pleural effusion is non-cardiogenic in origin**. Follow up and treatment should be dictated by results of fluid cytology and full systemic evaluation. A



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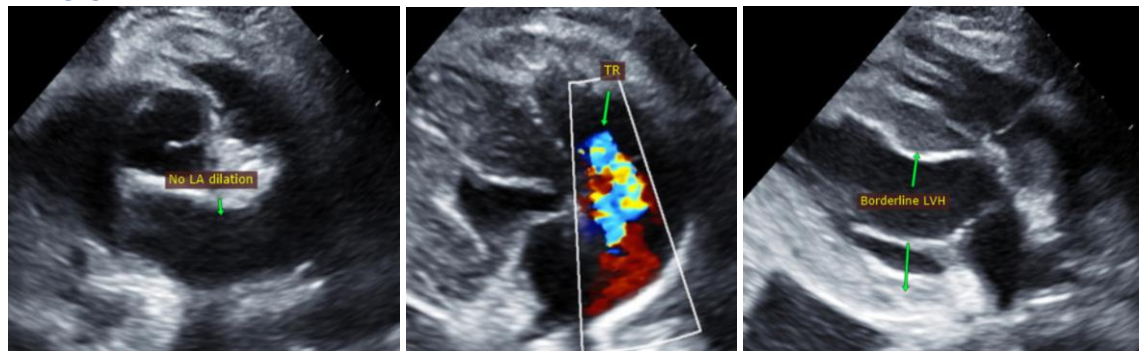
thoracocentesis and/or referral are recommended in this case as consultation with an Internist may be useful.

Prognosis is open from a cardiac standpoint. Lasix can be discontinued.

No contraindication for anesthesia, fluid or steroid therapy if needed.

Recommend recheck echocardiogram in one year to screen for any progressive changes, sooner if any issues arise in the interim.

## 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)**

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