



PATIENT

Bigfoot James

SPECIES

Feline

BREED

Maine Coon

SEX

Male Neutered

AGE

10.3 years

WEIGHT

16.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Dr. Johnson

INVOICE

47860

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Pleural effusion. Possible chylothorax. Yesterday, thoracocentesis removed 350mls milky fluid from right lateral chest and 100mls from left side. Weight loss. Otherwise doing fine at home. E/D/Bm/U WNL. Did not notice any respiratory issue at home. Abdominal breathing with moderate effort, mild wheezing, dull lung sounds ventrally noted during presurgical exam. for a dental. PMHx: UO with PU sx. -Abnormal PE/Chem/CBC/UA Results: BP: 90, 90, 88mmHg. CXR: Pleural effusion, post-drainage films much improved with residual fluid, cranial lung fields still obscured. SNAP test (leukemia/FIV/heartworm): Negative x3. CBC: Hct 43.9%, Plts 218-n, mild lymphopenia, remainder NSF - Chem: TCO2 23 H, ALT 22 L, Chol 980n, Triglycerides 27-n, CK 495 H, remainder NSF - ProBNP: pending - UA: USG 1.052, pro-2+, NSF - UPC; pending - T4: 2.4-n - Pleural fluid: white/milky, Pro 5.5, Chol 103, Triglyceride 1,471, RBC < 100K, nucleated cells 19,170.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with a focal septal bulge. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears mildly remodeled. The left atrium is normal in size. The right atrium is prominent. The right ventricle appears largely normal. The mitral valve is normal in structure and mobility. The tricuspid valve appears normal with no TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion. Trivial pleural 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	7.4	240	0.55	1.5	0.56	52	88
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	1.2	1.1	1.1		1.2	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 & 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 and no valve regurgitation identified.



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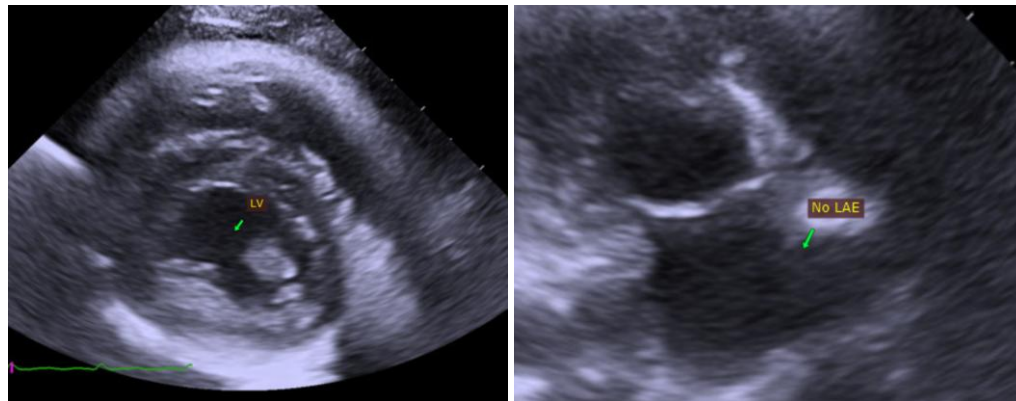
5/14/26

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. Consultation with an Internist may be useful in this case.

No cardiac contraindication for general anesthesia.

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
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