


**PATIENT**

Pasha Eshghabadi

**SPECIES**

Feline

**BREED**

Siberian Forest Cat

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

15.6lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill. RVT

**HOSPITAL NAME**

 Millen Road Animal  
 Hospital

**REFERRING VET**

Dr. Sandhu

**INVOICE**

24414

**DATE**

5/25/22

**PRESENTING CLINICAL SIGNS**

History: Presented at emergency hospital for open mouth breathing and sounding raspy. Owner reported that they have been treating for hairballs and thought that the cough he has had for years was related to hairballs. Nonproductive cough. Indoors only and on grain free diet. Presented with tachypnea and possible painful abdomen. Started Cerenia and Buprenorphine.

-Abnormal PE/Chem/CBC/UA Results: ProBNP abnormal, decreased phosphorus, M2 proteinuria and glucosuria on U/A as well as RBCs.

-Radiographs: Showed loss of definition of cardiac silhouette and possible M1 bronchial pattern.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. The basilar septum measures increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. The papillary muscles appear mildly remodeled. The left atrium is normal in size. Blood flow through the LVOT appears normal with no evidence of obstruction. The right atrium is normal in size. The right ventricle appears normal. The tricuspid valve appears normal in structure and mobility. Trace tricuspid regurgitation. The mitral valve is normal in structure and mobility with no mitral regurgitation. Blood flow through the RVOT is normal. No aortic insufficiency. No evidence of cardiac tumors or metastatic lesions on this scan.

**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	7.1	NM	0.48	1.5	0.52	66	95
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	1.0	1.0	1.0		0.63	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**

The only abnormality appreciated is a focal septal bulge with significant LV remodeling and fibrosis. These findings may be indicative of early hypertrophic pathology or may simply represent a normal variant. Regardless, the left atrial dimension is normal, and there is minimal risk for complication at this time.



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Given these findings, no medications are indicated at this time. The cough is certainly noncardiac in origin and primary respiratory causes should be considered.

**SPECIES**

Feline

These findings may or may not explain BNP elevation pending follow up evaluation. Consider screening for alternative causes of elevation, including decreased renal clearance, hypertension, etc.

**BREED**

Siberian Forest Cat

If needed, the risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended. Additionally, a screening blood pressure is recommended in any older cat prior to general anesthesia.

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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.

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

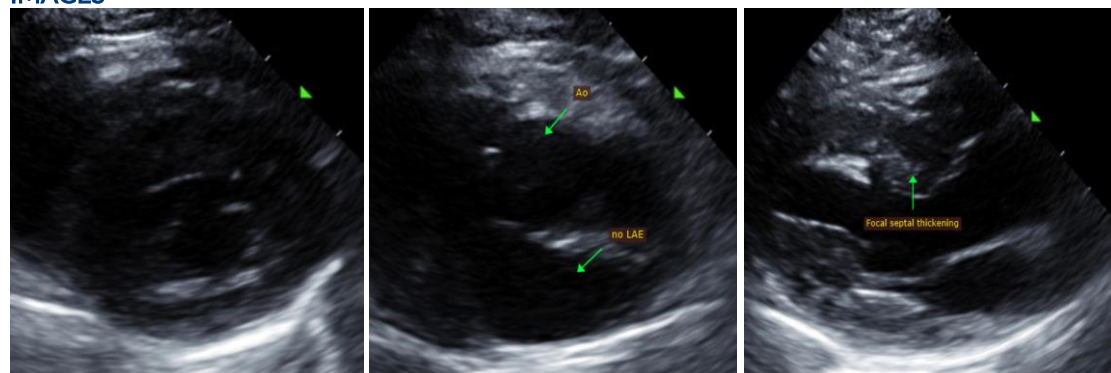
**WEIGHT**

15.6lbs

**IMAGES**

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Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)



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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.

**HOSPITAL NAME**

Millen Road Animal  
Hospital

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.

**REFERRING VET**

Dr. Sandhu

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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