



PATIENT
Boyfriend Pottish

PRESENTING CLINICAL SIGNS

History: Elevated ProBNP on routine lab work. History of diabetes mellitus, currently on atopica for unknown bronchopulmonary disease. Patient in need of dental, but patient very unstable under anesthesia in the past given pulmonary disease. R/O risk of underlying cardiac disease. Pro BNP 265, SDMA 15, BUN 39, albumin 2.5, globulins normal.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED
DMH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall dimensions are normal with regions of thinning. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

SEX
Male Neutered

Left atrium: The left atrium is normal. No obvious smoke or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

AGE
14 years

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

WEIGHT
9.1lbs

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.38
LVID diastole (cm)	1.44
PW thickness (cm)	0.47
LVID systole (cm)	0.82
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function are identified. The LV wall thicknesses are normal, although regions of thinning are noted. This is likely a normal age-related variant; however, follow up is recommended. Mild remodeling and fibrosis of the left ventricular wall is noted. No significant valve leaks are identified and flow through the great vessels is normal in velocity. A small aortic valve insufficiency is identified, and a baseline BP is recommended.

REFERRING VET

Dr. Fischer

INVOICE
32029

These findings are unlikely to explain BNP elevation. Pulmonary disease can also lead to elevated BNP and is suspected in this case. Systemic hypertension and early renal disease should be ruled out as discussed above.

DATE
7/31/23

Prognosis is open.



PATIENT

Boyfriend Pottish

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

14 years

WEIGHT

9.1lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Wood River Animal
 Hospital

REFERRING VET

Dr. Fischer

INVOICE

32029

DATE

7/31/23

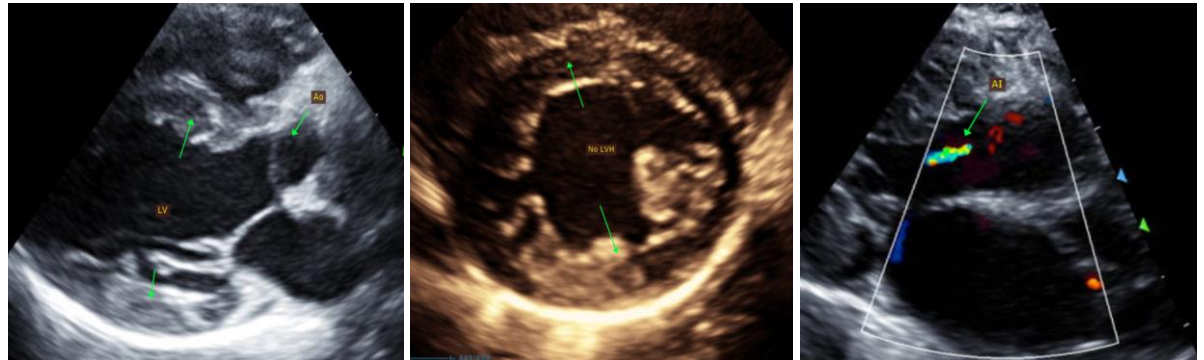
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Baseline BP recommended.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for any progressive issues.

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
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)