



PATIENT
Charlie Duhamel

PRESENTING CLINICAL SIGNS
History: Mildly elevated BNP (144) in February has now increased to 297. History of struvite crystalluria and being overweight - on C/D metabolic diet. No murmur or gallop rhythm appreciated during exam.

SPECIES
Feline

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

BREED
DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall dimensions are borderline. 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. Trace MR.

AGE
8 years

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

WEIGHT
16.9lbs

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

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)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.47
LVID diastole (cm)	1.4
PW thickness (cm)	0.50
LVID systole (cm)	1.7
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.73
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Compassionate Care
Veterinary Clinic

INTERPRETATION OF THE FINDINGS
Overtly normal cardiac structure and function are identified. The LV wall thickness is borderline, which may be a normal variant or may reflect early hypertrophic changes. Follow up is advised. Mild remodeling and fibrosis of the left ventricular wall is noted, which is likely a normal variant. No significant valve leaks are identified and flow through the great vessels is normal in velocity.

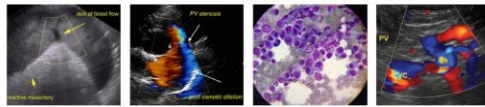
REFERRING VET
Dr. Farrington

While these findings may be enough to explain an elevated ProBNP, consider ruling out ancillary causes such as renal insufficiency or systemic hypertension. A false positive is also possible (a known weakness of the test).

INVOICE
32210

Prognosis is open.

DATE
8/8/23



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DATE

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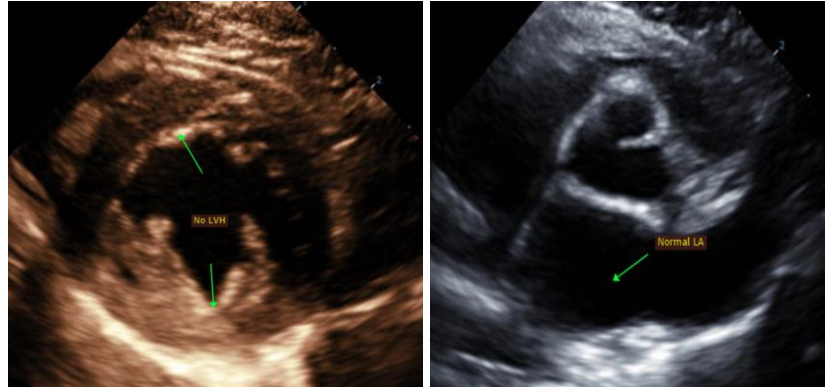
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Reassess BP as discussed.
- 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 assess 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
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 info@sonopath.com

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