



## PATIENT

Stormy Cable

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

6 years

## WEIGHT

13lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Megan Schneck, DVM

## HOSPITAL NAME

Willamette Veterinary  
Hospital

## REFERRING VET

Dr. Schneck

## INVOICE

26292

## DATE

9/9/22

## PRESENTING CLINICAL SIGNS

History: 3-year history of asthma. Patient has episodes of panting, generally resolved with albuterol. An episode recently did not resolve from use of albuterol, patient visited emergency room and was prescribed prednisolone. Hx Lungworms (Feb 2021)- treated, resolved  
-Abnormal PE/Chem/CBC/UA Results: CBC- Hct wnl 44.6%, Chem 10- Glu 227, Glb 5.2, TP wnl 8.2 ProBNP- 328.6 (abnormal).

-Radiographs: The trachea is normal in size and position. The cardiac silhouette is subjectively prominent, the pulmonary vessels are within normal limits. The pulmonary parenchyma is mild to moderately increased in opacity. Throughout the entire pulmonary parenchyma there is increased visibility of the bronchial walls consistent with a bronchial pattern. The diaphragm is flattened in the lateral views. There is no evidence of pleural pathology or thoracic lymphadenopathy. The visible cranial abdominal and skeletal structures are unremarkable. **CONCLUSIONS:** Diffuse bronchial pulmonary pattern is suggestive of feline lower airway disease (feline asthma), as differential diagnosis consider chronic bronchitis of other etiology, pulmonary fibrosis or less likely diffuse pulmonary neoplasia (lymphoma) or noncardiogenic pulmonary edema. There is possible cardiomegaly which may reflect normal variation, rotational artifact, some sort of cardiomyopathy or cor pulmonale secondary to pulmonary hypertension. The latter often complicates chronic airways disease or heartworm disease.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium with regions of remodeling. The papillary muscles are hyperechoic. 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 MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. 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>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.9	NM	0.47	1.2	0.41	48	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(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>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.2	1.1	0.72	0.6	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.*



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overtly normal cardiac structure and function. Mild fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. Given these findings and a normal LA dimension, no medications are indicated.

These findings would certainly suggest the respiratory issues are noncardiac in origin. No pulmonary hypertension is noted; however, follow up is advised should any syncope be noted in the future.

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).

Recommend recheck echocardiogram in 1 year to screen for any progressive issues, sooner if a murmur or clinical signs arise.

**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.

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