



PATIENT

Maggie Pastuszenski

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

21 years

WEIGHT

6.81 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Graham Sager
Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Wheeler

INVOICE

69946

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: To evaluate the following condition: elevated proBNP, intermittent cardiac murmur, cardiomegaly on CT; hoping to start P on prednisolone for GI LSA 21yo SF DSH. Recently diagnosed with 3x cervical masses (r/o thyroid in origin vs LSA), hepatic mass (r/o LSA vs carcinoma vs other), and intestinal thickening. Cervical and hepatic tumors are not accessible for FNA sampling; further work-up would require surgery. History of intermittent cardiac murmur (gr 1-3) and proBNP elev (most recently 143, Apr 2025). Mild cardiomegaly w LAE seen on recent CT. Progressive weight loss and hyporexia. Hoping to start prednisolone for empirical management of GI disease and possible additional benefit to other tumors. Hx of hyperthyroidism, CKD IRIS stage 2, subclinical hematuria Current Medications (Name, Dose, Frequency): Methimazole 1.25mg BID Gabapentin 50mg PM/100mg AM for vet visits Plan to start P on: 6mg Cerenia SID 2.5mg Prednisolone SID 0.5-1.0mg mirtazapine SID
Abnormal PE/Chem/CBC/UA Results: 12/2025 Chem: ALT 176, creat 1.6, BUN 46, Na 159 CBC: WNLCT (Blue Pearl): Diagnostics Impression: Soft tissue mass dorsal to the cervical trachea and esophagus and lobular/bilobed thoracic inlet masses. Lymph node origin is considered most likely. Left liver mass R/O malignant (round cell disease) vs benign (adenoma) neoplasia. Cardiomegaly with left atrial enlargement. Echocardiography can be considered if clinically indicated. Diffuse small intestinal changes. Cytology caudal cervical mass (unable to access cranial mass): Supportive of an epithelial tumor. 11/2025 HyperCa of Malignancy Panel: iCa 1.31, PTH <0.5, PTHrp 0 Fecal neg 10/2025 CBC WNL Chem: SDMA 18, creat 2.1, Ca 12.4, Cl 113, ALT 170, ALP 84UA: USG 1.023, 2+ protein, 3+ RBCs, 30-50 RBCs T4 4.6 4/2025 proBNP 143

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension as well as wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility based on fractional shortening and systolic left ventricular dimensions. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation. There is no evidence of systolic anterior mitral valve motion documented. The left and right ventricular outflow tract velocities are upper limits of normal to mildly elevated. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.



PATIENT
Maggie Pastuszenski

SPECIES
Feline

BREED
Siamese

SEX
Spayed Female

AGE
21 years

WEIGHT
6.81 lbs

INTERPRETED BY
Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY
Graham Sager
Gellerman

HOSPITAL NAME
Back Bay VC

REFERRING VET
Dr. Wheeler

INVOICE
69946

DATE
1/9/26

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	3.1 kg	250	0.55	1.2	0.52	78	95
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.39	1.23	1.62		2.0	1.3	NM
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. The intermittent murmur is considered likely secondary to the dynamic left and right ventricular outflow tract obstructions noted on the current study. The presence of an elevated BNP is often associated with underlying heart disease, but can be seen in animals without heart disease. In addition, changes on chest X-rays can occur without significant underlying disease. The absence of any abnormalities on the echo excludes any meaningful cardiac disease at this time. Any murmur will be considered functional in origin at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. No specific recheck echocardiogram is recommended.

Anesthesia considerations:

No special cardiac considerations are necessary

Diet:

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:

No special considerations are necessary.



PATIENT

Maggie Pastuszenski

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

21 years

WEIGHT

6.81 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Graham Sager
Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

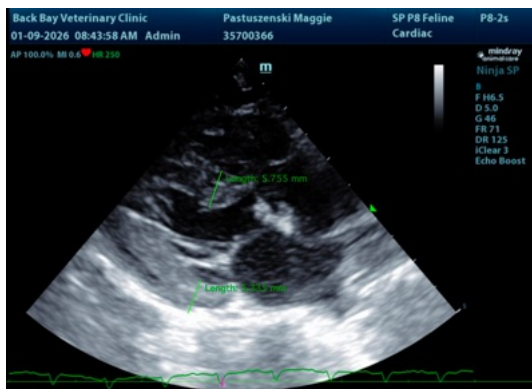
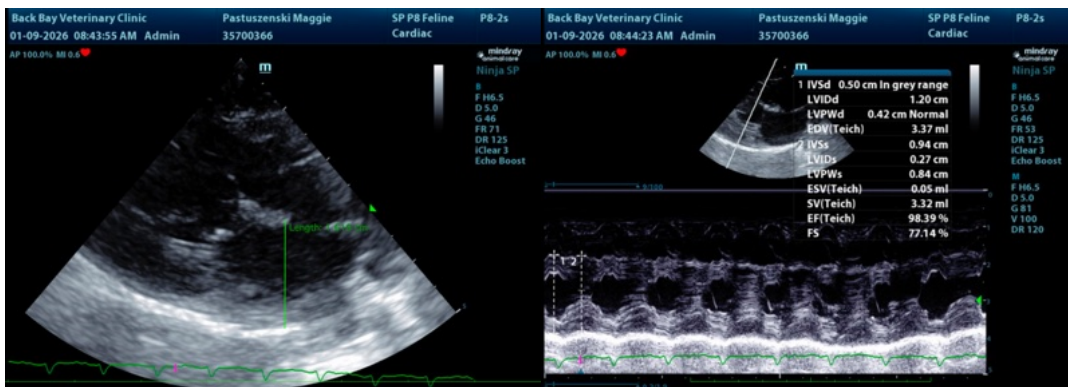
Dr. Wheeler

INVOICE

69946

DATE

1/9/26



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com