



PATIENT

Owen Addamo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 10 Months

WEIGHT

10 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bergen County
Veterinary Center

REFERRING VET

Dr. Gioffre

INVOICE

73863

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Elevated BNP (>1500) now heart murmur, uncontrolled hyperthyroidism. Grade 4/8 L parasternal murmur (new) oral inflammation

Meds: Methimazole 2.5 mg PO BID, Gabapentin 100 mg PO BID

Abnormal PE/Chem/CBC/UA Results: T4 6.1, ProBNP > 1500, SDMA 21, Creat 2.4, Phos 6.6, USG 1.015

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	4.5 kg	161	0.47	1.4	0.38	60	91
FELINE CARDIAC PARAMETERS	LA/AO (m-mode long axis)	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	1.19	1.24	NM		1.39	1.19	62
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							

Cardiac Presentation

The **left atrium** is of normal size with no evidence of spontaneous echocardiographic contrast or thrombus formation. The **left ventricle** is normal in diameter with normal wall thickness and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricle** dimensions and systolic function are subjectively normal. There was no evidence of chordae tendineae rupture or valvular prolapse in either valve and no vegetative lesions were seen. The **mitral, tricuspid, aortic and pulmonary valves** all exhibit normal appearance and function; there is trivial tricuspid regurgitation noted, of normal velocity. IVRT is appropriate for patient heart rate. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. There is no evidence of pericardial effusion or pleural effusion, and there are no masses or shunting lesions seen.

PRIMARY FINDINGS

- Normal feline heart.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of cardiac disease on today's ultrasound. An ECG would also be recommended for complete evaluation of cardiac function.



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Alternate possible causes for an elevated ProBNP include underlying renal disease, systemic hypertension and hyperthyroidism. Given that this patient has uncontrolled hyperthyroidism and mild azotemia, these are likely the causes for the proBNP elevation.

SPECIES

Feline

Although the heart appears normal today, uncontrolled hyperthyroidism can lead to a hypertrophic cardiomyopathy phenotype, and this cat could also develop unrelated cardiomyopathy in the future, as any older cat might. Thus, if the patient develops a murmur or symptoms of cardiac disease in the future, a recheck echocardiogram would be recommended.

BREED

DSH

There are no contraindications for anesthesia for this patient. Given the patient's age, a protocol that includes an opiate pre-medication, with or without benzodiazepines, followed by induction with alfaxalone or propofol, and maintenance with isoflurane or sevoflurane, would be recommended. Local blocks are also recommended if appropriate, to reduce anesthetic needs.

SEX

Neutered Male

AGE

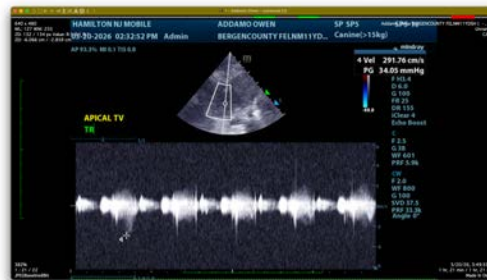
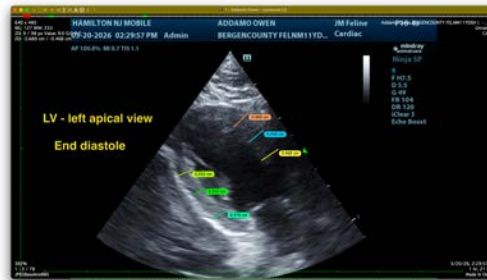
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Gioffre

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.

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info@SonoPath.com

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