



## PATIENT

Christopher Ryan

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

15 y

## WEIGHT

8.3 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Andrea Nicastro, DVM,  
DACVIM

## HOSPITAL NAME

VCA Westbury

## REFERRING VET

Dr. Cantrell

## INVOICE

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

Diagnosed with pleural effusion on 10/29. History of hyperthyroidism, gallop sound. Abnormal BNP. Thoracocentesis performed twice. Receiving furosemide.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate to severe left atrial dilation. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function measures at the lower limit of normal. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. There is severe right atrial dilation. Right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. TR velocity is consistent with the presence of mild to moderate pulmonary hypertension (PG 49.8 mmHg). The pulmonary artery and pulmonic valve appear normal, though trivial pulmonic insufficiency is present. No shunting lesions are visualized. Scant pericardial effusion is present. No cardiac masses are seen. Pleural effusion is present.

An intermittent arrhythmia is present.

LA - 21.7 mm  
LA/Ao - 2.40  
IVSd - 5.0 mm  
LVPWd - 4.4 mm  
LVIDd - 17.9 mm  
LVIDs - 11.6 mm  
FS - 35%  
RA - 21.3 mm  
LVOT - 0.80 m/s  
RVOT - 0.64 m/s  
TR - 3.53 m/s

## ASSESSMENT/RECOMMENDATIONS

This examination demonstrates severe dilation of Christopher's right atrium and moderate to severe dilation of his left atrium, which is likely due to the presence of a restrictive cardiomyopathy (HCM), though it's possible that his hyperthyroidism could be contributing to the dilation. Given these findings, it's very likely that Christopher's pleural effusion is due to the development of congestive heart failure (CHF). In addition to CHF, Christopher is at high risk for thromboembolic disease.

Also seen in this exam is mild regurgitation of blood across Christopher's tricuspid valve, the velocity of which is consistent with the presence of mild to moderate pulmonary hypertension. This puts Christopher at risk for the development of syncope, therefore, careful monitoring for this is recommended.

An intermittent arrhythmia is seen during this exam, and an ECG is recommended for further evaluation.



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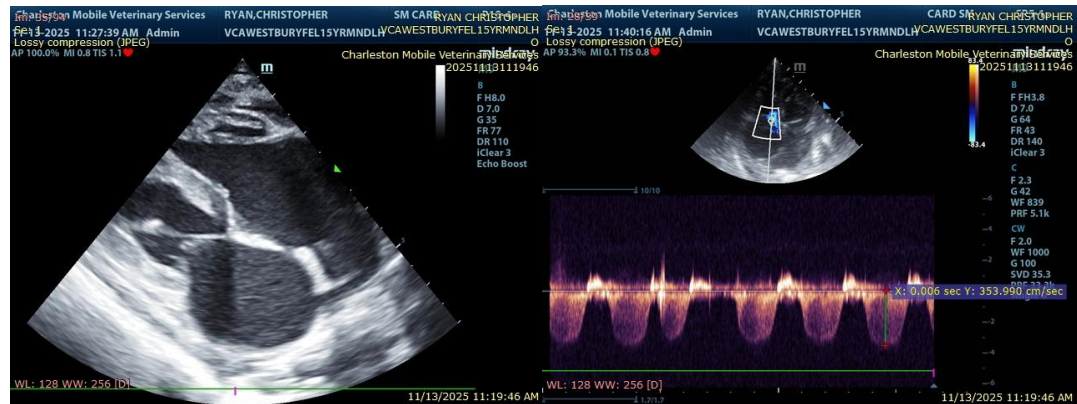
15 y

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Continued use of furosemide (minimum 5 mg BID, though higher dose may be needed) is recommended at this time, as is therapy with enalapril (1.25 mg BID), pimobendan (1.25 mg BID), and clopidogrel (18.75 mg SID). Recommended therapy for Christopher's pulmonary hypertension is sildenafil (5 mg BID).

A renal/electrolyte profile is recommended in 1 week. A recheck echocardiogram is recommended in 6 months. Repeat radiographs are recommended any time there is suspicion for the recurrence of CHF.



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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.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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