



**PATIENT**

Violet Adkins

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Intact female

**AGE**

4 months

**WEIGHT**

5 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Gentle Touch VH

**REFERRING VET**

Dr. Jackson

**PRESENTING CLINICAL SIGNS**

- P presented for echo due to congestion and enlarged heart on rads, no murmur heard
- BP 150/70 (95), 135/70 (95)
- P needed Torb IV for second half of exam- spicy

**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. 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 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 a portion of liver noted within the pericardial space. There is scant pericardial effusion noted.

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	2.27 kg	170	0.4	1.18	0.3	48	49
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	1.63	1.32	1.05		0.8	0.9	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							

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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.



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The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 3.13 cm. The right kidney measured 2.97 cm.

**Adrenal Glands**

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Both adrenal glands measured 0.28 cm.

**Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measured 0.58 cm at the hilus.

**Liver**

The majority of the liver is positioned within the abdomen; however, there is a portion of liver that is located within the pericardial sac. The parenchymal is normal in echogenicity. The vasculature is normal with no evidence of congestion. The gallbladder has thin walls with contains anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented.

**Gastrointestinal**

The gastrointestinal tract is mild to moderately distended with echogenic ingesta. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The pylorus and pyloroduodenal junction are patent. The colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or infiltrative disease noted.

**Pancreas**

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease

**Free Abdomen**

No lymphadenopathy and no free fluid were noted.



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**ULTRASONOGRAPHIC FINDINGS**

These findings do not identify any evidence for underlying heart disease, making the murmur functional in origin. The findings on the thoracic radiographs, coupled with the echo, support a congenital periteneo-pericardial diaphragmatic hernia (PPDH).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no indication for cardiac therapy, nor do we have any objections to anesthesia or the use of fluids or steroids (if needed). While surgical reduction is the ideal treatment for a PPDH, as a general rule, they are often considered an incidental finding with no clinical consequence, unless the stomach becomes trapped in the pericardial space (which is not present in this case). However, given this patient's age, reduction of the hernia is still recommended. No specific recommendations for a recheck will be made. However, a repeat echo would be indicated if other signs of heart disease develop.

Anesthesia considerations:

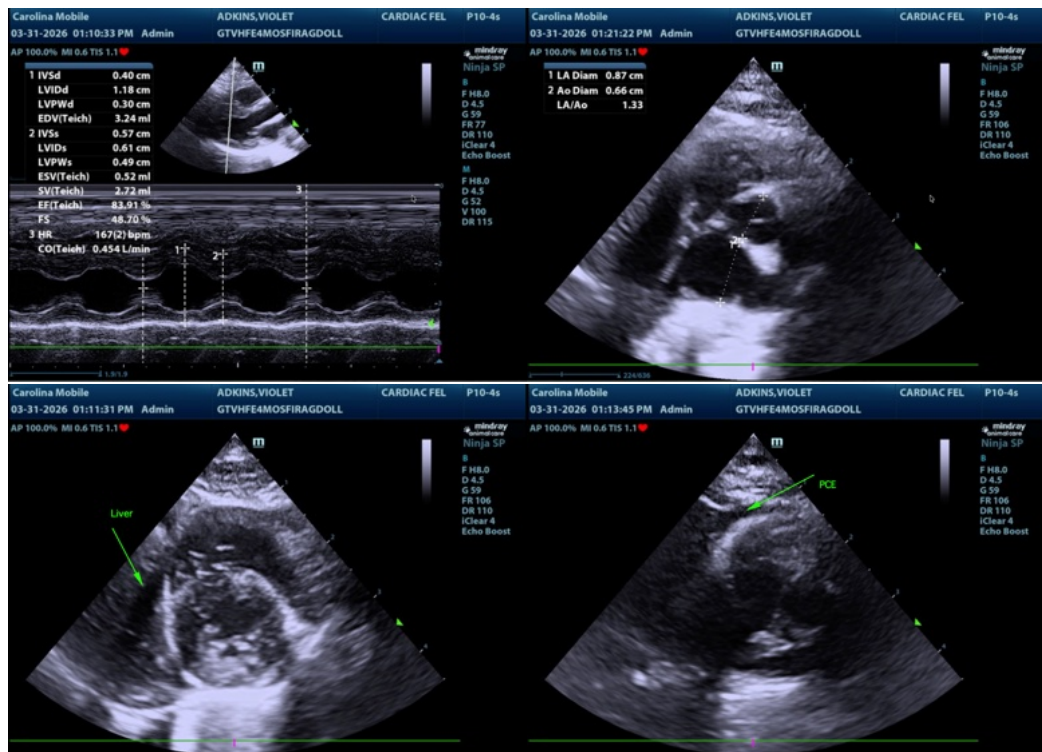
No special cardiac considerations are necessary

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.





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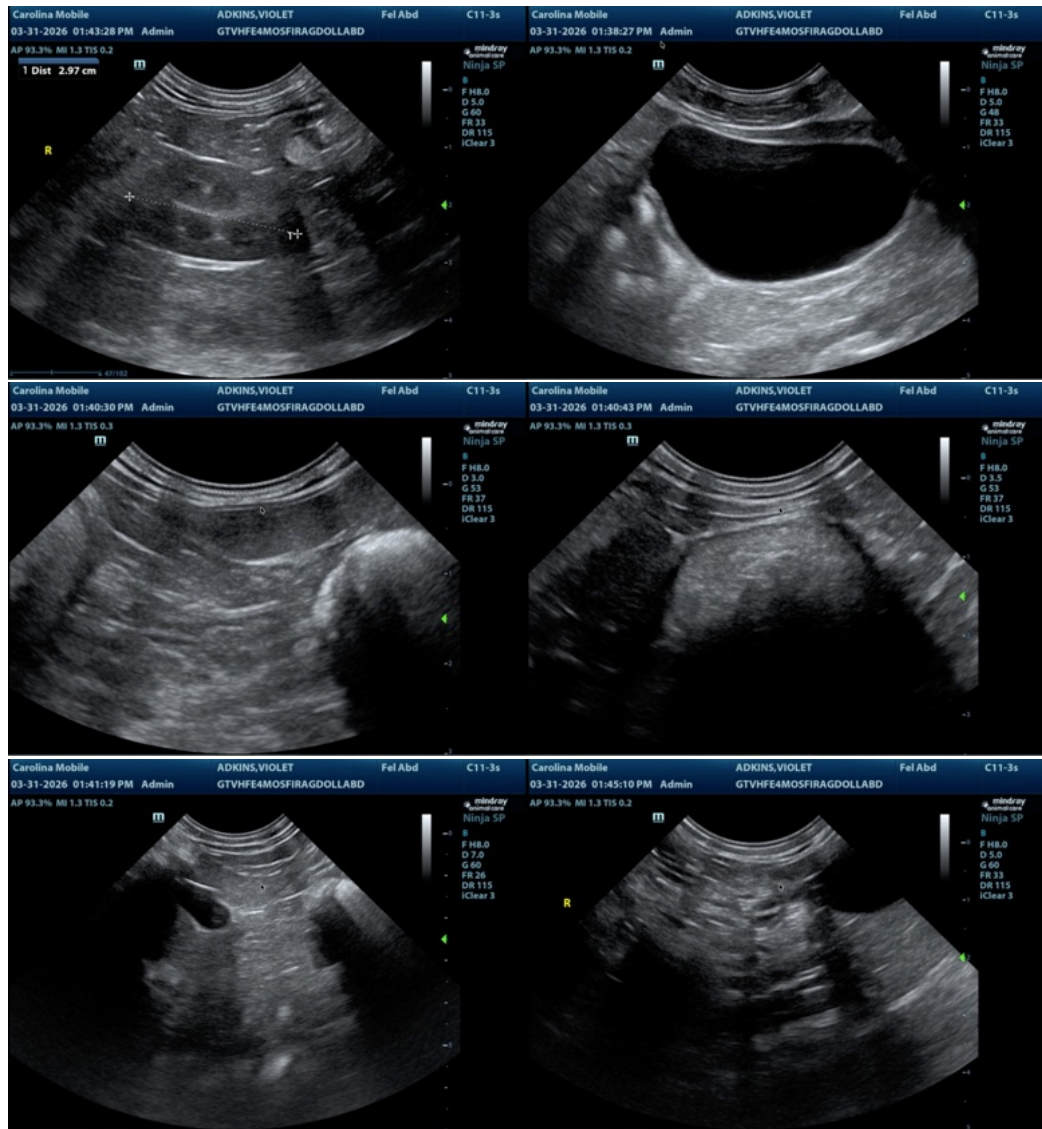
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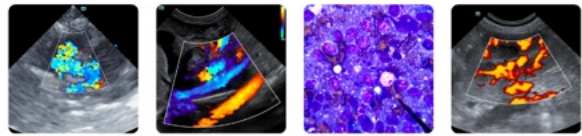


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)



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