

## PATIENT

Sophie Gandhi

## SPECIES

Feline

## BREED

American Shorthair

## SEX

Spayed Female

## AGE

4 Years 7 Months

## WEIGHT

8.2 pounds

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer  
DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dra. Michelle Trappler

## INVOICE

13361

## DATE

01/23/26

## PRESENTING CLINICAL SIGNS

- Presented to EC for anorexia that started on January 12 and progressive got worst.
- At EC suspected pyothorax.
- Thoracocentesis and fluid analysis was done.
- More history at CT scan report

Abnormal PE/Chem/CBC/UA Results: Pericardiocentesis: Removed 55 mls of brown/red tinged modified transudate fluid. Bloodwork attached and CT scan report from radiologist Thoracocentesis cells: rads revealed pleural effusion, patient transferred to ER. The digital slides are of high nucleated cellularity, predominantly composed of neutrophils (94%) with lesser numbers of macrophages (5%) and occasional small lymphocytes (1%) in a background of frequent RBCs. General considerations for thoracic exudates include effects of inflammation in an intra thoracic organ (e.g. pneumonia, etc.), trauma (e.g. damaged esophagus, trachea, lung parenchyma, etc.), foreign bodies or neoplasia. A neutrophil predominant fluid can also be seen with chronicity of a different type of effusion

## 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	3.73	NM	0.41	1.16	0.5	43	NM
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	NM	1.32	1.17		0.6	0.6	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							

## Cardiac Presentation

The left atrium is normal to small in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is small with normal wall thickness, and no evidence of restriction. Left ventricular systolic function is adequate. The right atrium and ventricle are subjectively normal in dimension and systolic function, with evidence of diastolic collapse. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole with trace tricuspid 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



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distensibility. There is no evidence of pulmonary hypertension documented. There is large cavitated mass effect that is encompassing the heart. It is unclear whether this is intra- or extra pericardial; however, the relatively mild degree of right sided diastolic collapse suggests it may be extra-pericardial in origin. The mass effect is severely cavitated, with no overt pericardial effusion noted. There is mild pleural effusion identified on the study.

## ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram in the presence of a large extracardiac mass lesion. The cavitated nature of the lesion is concerning for a neoplastic origin, however an infectious or inflammatory source (intra or extra pericardial abscess) must also be considered. Any murmur auscultated will be considered functional in origin.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. Given the presence of the large mass effect encompassing the heart, and the results of the thoracic CT, a exploratory thoracotomy is likely required in order to both therapeutically remove/debulk the mass/pericardium (if the mass is indeed intrapericardial), as well as obtain both biopsies and cultures. Alternatively, cytology and culture and sensitivity could be performed on the fluid previously removed from the mass, but this should only be considered if the patient is stable to wait for results. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment.

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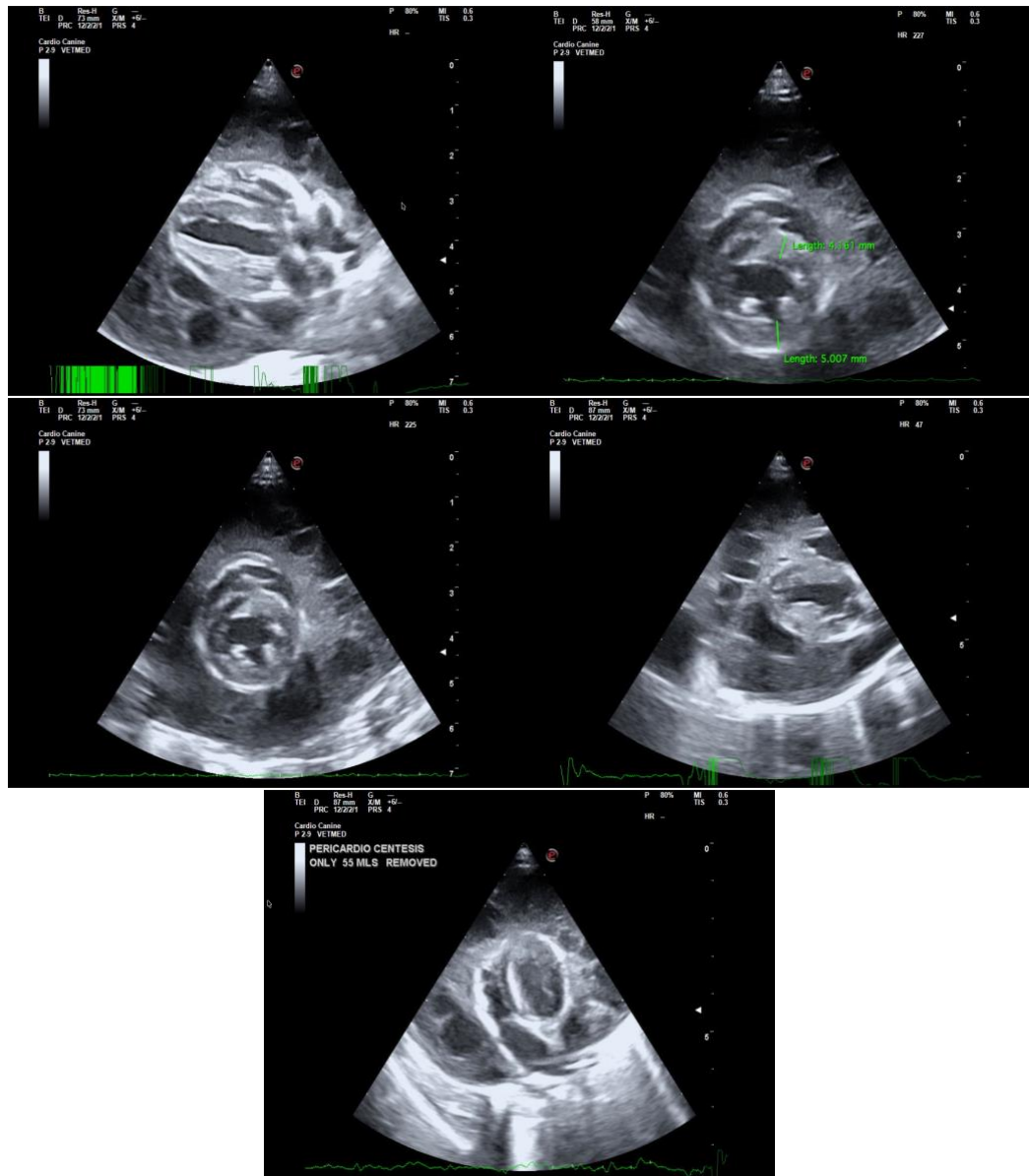
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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