



PATIENT

Dobby Clark

SPECIES

Feline

BREED

Sphynx

SEX

Neutered male

AGE

15 years

WEIGHT

7.5 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Christopher Roberts

HOSPITAL NAME

Kentown AH

REFERRING VET

Dr. Roberts

INVOICE

69877

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Has lost 1# since 8/25/2025; slightly more lethargic, v+ (bile) /d+ the last 3-4 days. Normal appetite Diagnosed with early stage renal disease 9/2025 - recheck bw pending no murmur present previous echo performed 9/25/2025- overtly normal but mild LV wall remodeling and fibrosis by Dr. Maggie Machen Lamy Current medications: -Azodyl - 1 capsule BID - Viralys Powder - 1 level scoop BID - Solensia Inj every 30 days - last dose administered on 1/4/2026 - Purina NF Early Care Dry - Purina Hydra Care BID

Abnormal PE/Chem/CBC/UA Results: ultrasound findings showed Enlarged ileocolic lymph node and splenomegaly Concern for left atrial enlargement compared to previous views needle biopsy results of spleen and ileocolic lymph node - pending BW (Superchem/CBC/T4/UA) - pending

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is upper limits of 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 equivocal free wall remodeling and fibrosis. 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 no visible pericardial, pleural, or free peritoneal fluid 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	3.41 kg	NM	0.46	1.32	0.48	56	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	1.49	1.37	1.77		NM	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							



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin.

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:

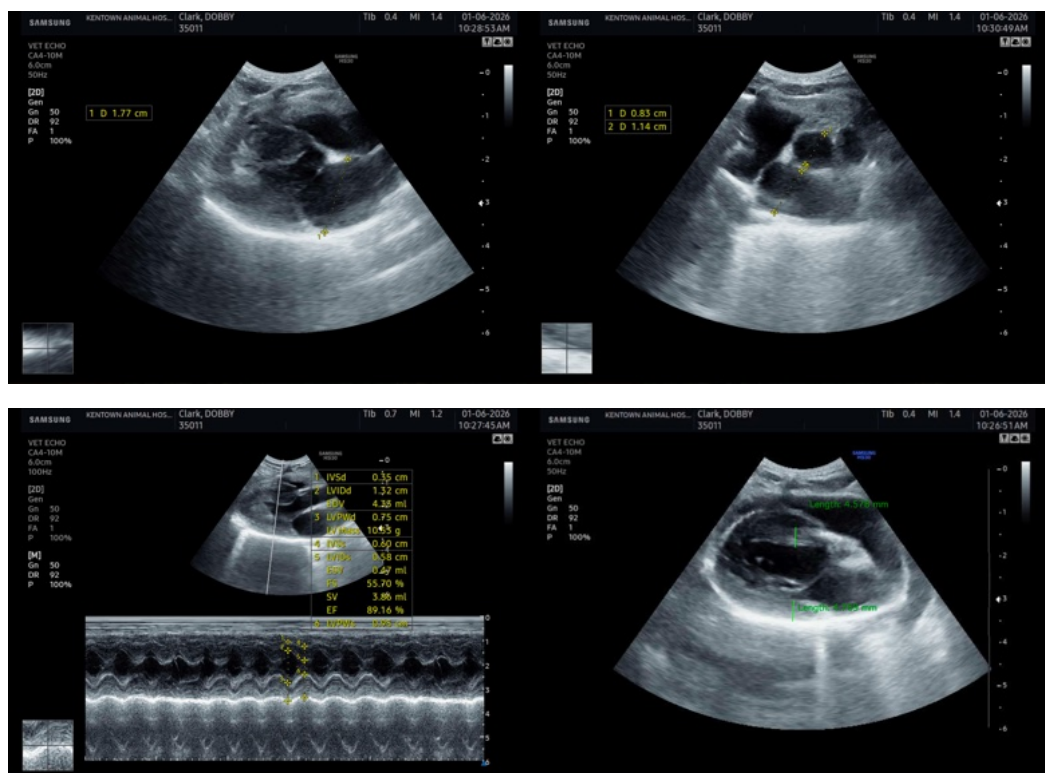
No special cardiac considerations are necessary

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.





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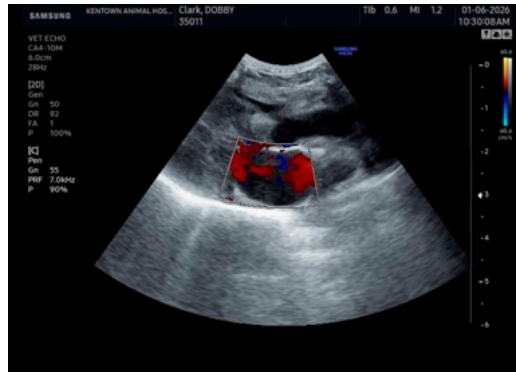
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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