

PATIENT

Walter Burns

SPECIES

Feline

BREED

DSH

SEX

MIN

AGE

9 years

WEIGHT

8.8 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Ginny Dodd

HOSPITAL NAME

Monroe Road Animal
 Hospital

REFERRING VET

Dr. Kylie Fackrell

INVOICE

11055

DATE

1/8/2026

PRESENTING CLINICAL SIGNS

H?o small cell alimentary lymphoma- has been on Pred 2.5 mg OD, Mirtazapine, Zofran, Chlorambucil 2.5 mg on M, W, F, and Methimazole 5 mg. Last week they had to increase Pred to 5 mg OD for 4 days. Taken to vet ER this Monday for respiratory distress. Rads showed pleural effusion, cardiomegaly, pulmonary venous congestion and a diffuse bronchointerstitial pattern. RR was 96. , HR 200 and T 104.0. WBC ar 26.4; neut34.5, plt 22, CHEM- WNL, T4 4.8^ . Treated with furosemide and he has improved. Abd rads were WNL.

Abnormal PE/Chem/CBC/UA Results: See above gallop rhythm, HR 160, no crackles ausculted.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

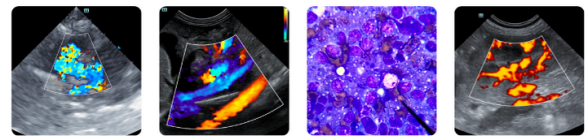
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	4.0 kg	140	0.48	1.76	0.52	23%	50%
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber	LVOT 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	1.62	1.73	2.07	0.8	0.7	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 moderately enlarged. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is upper limits of normal with normal wall thickness, and no evidence of restriction. Left ventricular systolic function is marginal. 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 with trace regurgitation. There is no evidence of systolic anterior mitral 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 semilunar valve insufficiency or pulmonary hypertension documented. There is no pericardial, pleural, or free peritoneal fluid noted at this time.

ULTRASONOGRAPHIC FINDINGS

- These findings identify significant atrial dilation in the absence of any LV hypertrophy or outflow tract obstruction. In the absence of any iatrogenic (fluids/steroid) or intrinsic (hyperthyroidism or severe anemia) factors that could represent a volume load, the findings



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would be consistent with the myocardial form of restrictive cardiomyopathy (RCM, previously considered UCM). However, with the history of chronic corticosteroid administration, iatrogenic fluid overload is also considered a possibility. The degree of atrial dilation makes CHF a likely explanation for the historic clinical/radiographic signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for CHF is recommended, to include Lasix (1-2mg/kg BID), enalapril (0.5mg/kg q24, assuming normal BP and kidney function), and Vetmedin (0.25-0.35mg/kg BID). The concurrent use of corticosteroids may be required for other comorbidities, however, represents a risk for relapse of clinical signs. Higher doses of diuretic may be required to offset the effects of the corticosteroids but may come at the expense of renal function. A repeat chest X-rays, chemistry, and BP is recommended prior to discharge, and again in 1-2 weeks. Additionally, Plavix/clopidogrel (1/4 of a 75 mg tablet, or 18.75 mg PO q 24 h) +/- rivaroxaban (2.5mg q24) should be initiated as an anti-thrombotic. Due to the bitter taste of this medication, it may be best to place it in an empty gelatin capsule or use products such as a Pill Pocket. Barring any setbacks or complications, a repeat echo/rads will be recommended in 3-6 months.

Anesthesia considerations:

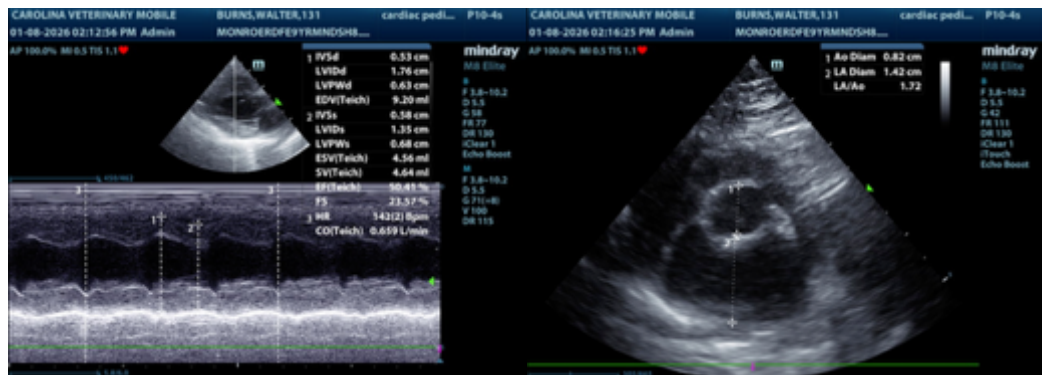
Anesthesia should be avoided until signs of congestion have resolved. If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Anesthetic IV fluid use should be limited to < 3 ml/kg/hr and, if IV fluid therapy is administered during the procedure, a 1 mg/kg dose of IM Lasix should be administered when the patient is awake and standing in recovery. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

Diet:

A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition with mild dietary sodium restriction (<100 mg/100 kcal) is recommended. Consider omega-3 fatty acid supplementation.

Activity:

Avoid strenuous activity.





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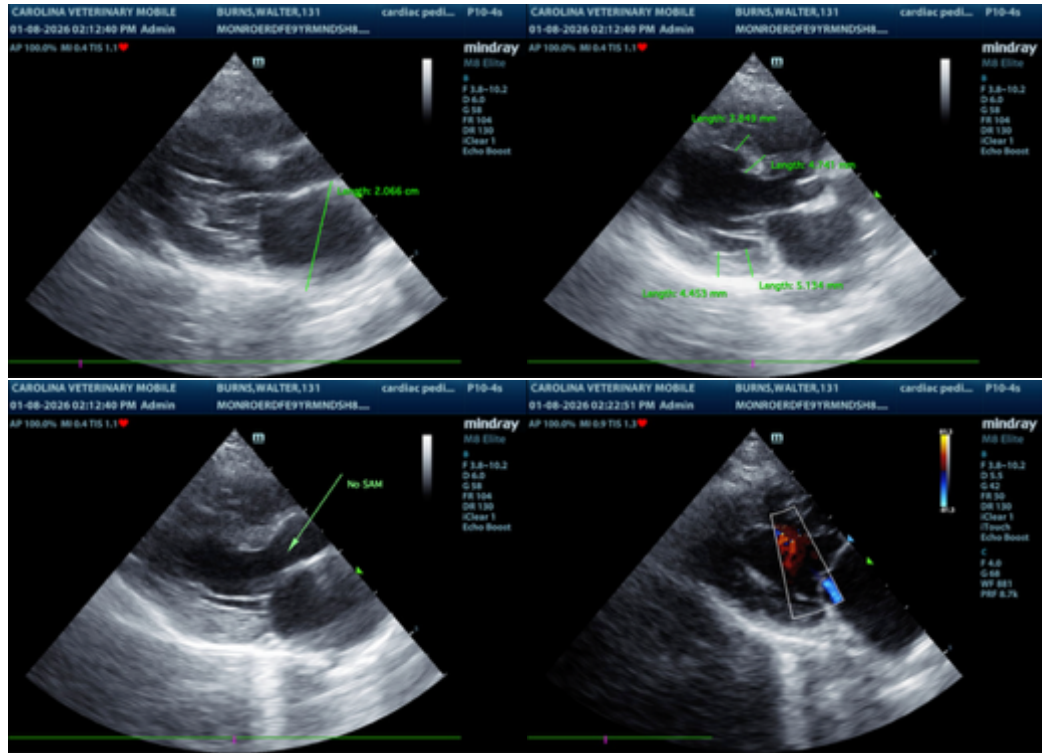
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com