



PATIENT

Willow McLay

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

13.5 pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Eugene Animal
Hospital

REFERRING VET

Dr. Matsuoka

INVOICE

13043

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Grade 1/6 right parasternal systolic murmur. meds: Furosemide 12.5 mg tab give 1/2 tab PO q12 hours, Pimobendan 1.25 mg tab 1 tab po q12 hours.

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	6.14	220	0.52	1.36	0.48	76	98
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	1.23	1.18	1.34	1.0	0.8	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							

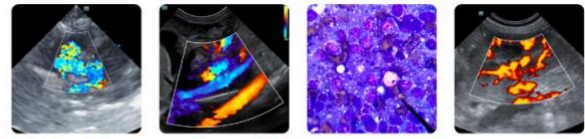
Cardiac Presentation

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 normal to small 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 mildly turbulent 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. However, within the pleural space there is questionable soft tissue artifact noted on some views. This may represent mediastinal fat, but an intrathoracic mass effect cannot be completely excluded.

ECG

There is a six-lead ECG with minimal baseline artifact available for review. The underlying rhythm is regular at an average rate of 220. The rhythm appears to be sinus in origin with narrow QRS complexes (<40ms). There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a sinus tachycardia.

ULTRASONOGRAPHIC FINDINGS



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- These findings are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin. The concurrent administration of diuretics must be considered effecting the left atrial size, however the current dose is considered insufficient to cause the small left atrial dimensions present in the current study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. Consider weaning the diuretics with close monitoring of clinical signs. If a relapse occurs, repeat thoracic radiographs is recommended prior to restarting cardiac therapy. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. No specific recheck echocardiogram is recommended.

Anesthesia considerations:

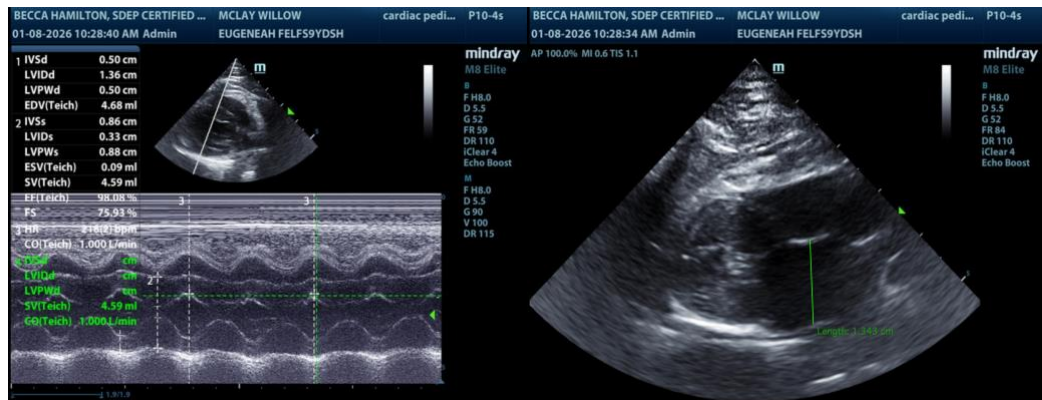
No special cardiac considerations are necessary

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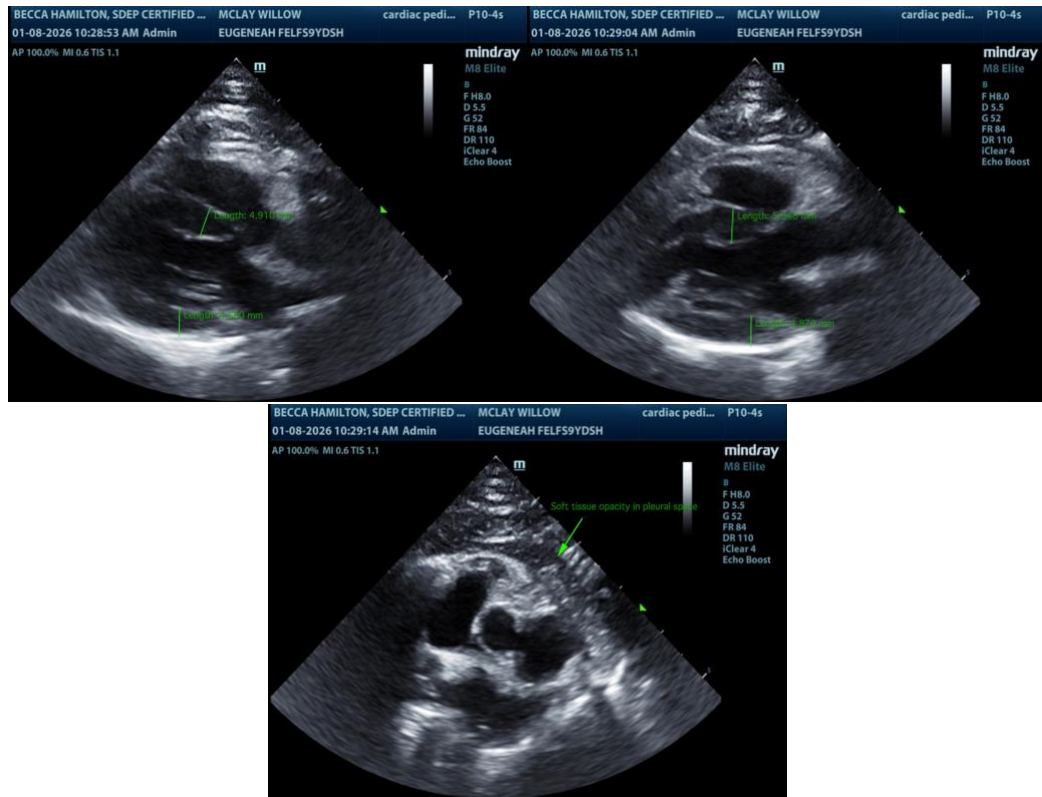
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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