

PATIENT

Gracie Huck

SPECIES

Feline

BREED

Ragdoll X

SEX

Spayed Female

AGE

10 Years

WEIGHT

11.94 Pounds

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

35520

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: May 2025 - New grade 2/6 systolic murmur- incidental on PE 11/2025- no change in murmur, Pro BNP normal, Chest radiographs - mild-moderate cardiomegaly VHS 8.4. severe left coxofemoral osteophytosis and evidence of prior FHO.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values Normal CBC/Chem panel/Total T4 in May 2025, Isosthenuria present possible early renal disease For ECHO Only: Blood Pressure Diastolic blood pressure 119 55 - 75 mmHg 118, 120, 119 Mean blood pressure 130 60 - 100 mmHg 132, 129, 128 Heart rate 188 160 - 200 /min 203, 176, 184 Is there a Heart Murmur? If so, please grade. Grade 2/6 systolic murmur Current Medications Solensia -first injection 11/4/25.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

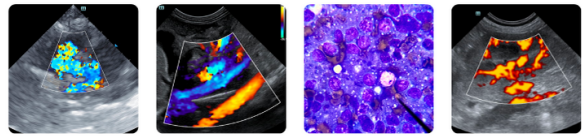
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	5.43	120	0.55	1.26	0.48	41	76
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (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	1.37	1.28	1.38		0.6	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							

ECG Interpretation

There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 120. The rhythm appears to be sinus in origin (PQ 80ms) with narrow QRS complexes (<40ms). The MEA is within normal limits. There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a normal sinus rhythm.

Cardiac Presentation

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



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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.

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

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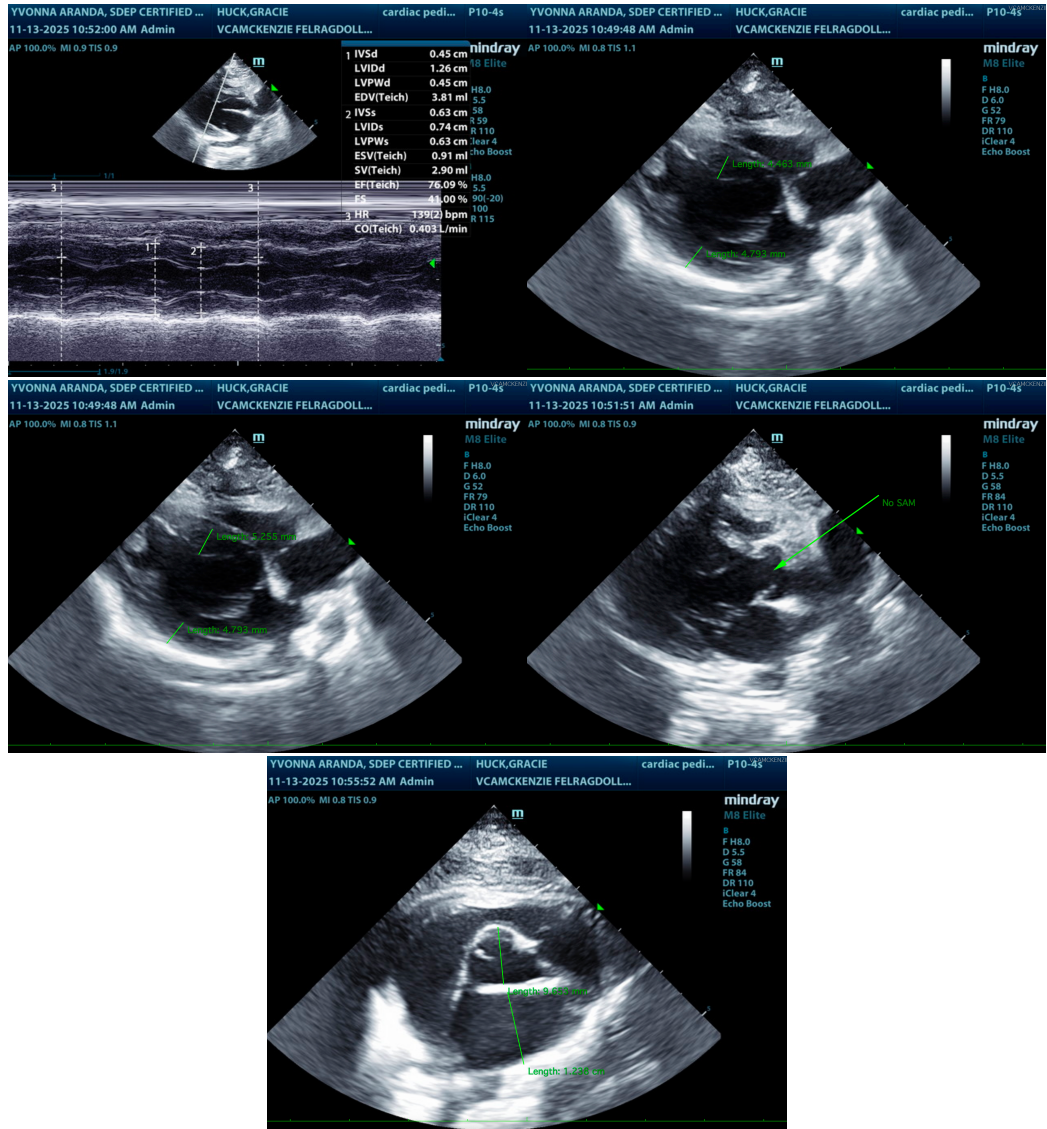
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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