



**PATIENT**

Gronk Bogdan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Nuetered Male

**AGE**

10 years 4 months

**WEIGHT**

10.84 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Carla

**HOSPITAL NAME**

Animal Care Clinic of  
Flanders

**REFERRING VET**

Dr. Villari

**INVOICE**

10741

**DATE**

11/14/2025

**PRESENTING CLINICAL SIGNS**

11/7/25: Seen as emergency exam for seizure like activity. vestibular, horizontal jerk nystagmus, head tilt-left eating/drinking wnl, mild otitis au Medications: Gabapentin 100mg - 1 cap po 2 hours prior to drop off for ultrasound Clavamox 15ml - Giving 1ml po bid Posatex 15g - Applying to AU SID for 10 days Torbugesic 10mg/ml - Admin: 0.1 ml IV Midazolam 5mg/ml - Admin 0.2 ml IV.

Abnormal PE/Chem/CBC/UA Results: 11/8/25: Glu 200, Postassium 3.2, Na:K ratio 48 Chloride 113, TCo2 23, ProBNP = 1395 Baso 0.139 11/14/25: BP avg = 110.

**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	4.93	NM	0.55	1.0	0.57	33%	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	NM	1.0		0.95	1.3	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 small in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is small in dimension with normal 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 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. The dilated aorta may be an age-related change, but systemic hypertension must also be considered. Any murmur auscultated will be considered functional in origin.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given these findings, no cardiac therapy is recommended. This patient should be evaluated for systemic hypertension. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. Given the difficulty of image acquisition, an evaluation by a cardiologist is reasonable.

Anesthesia considerations:

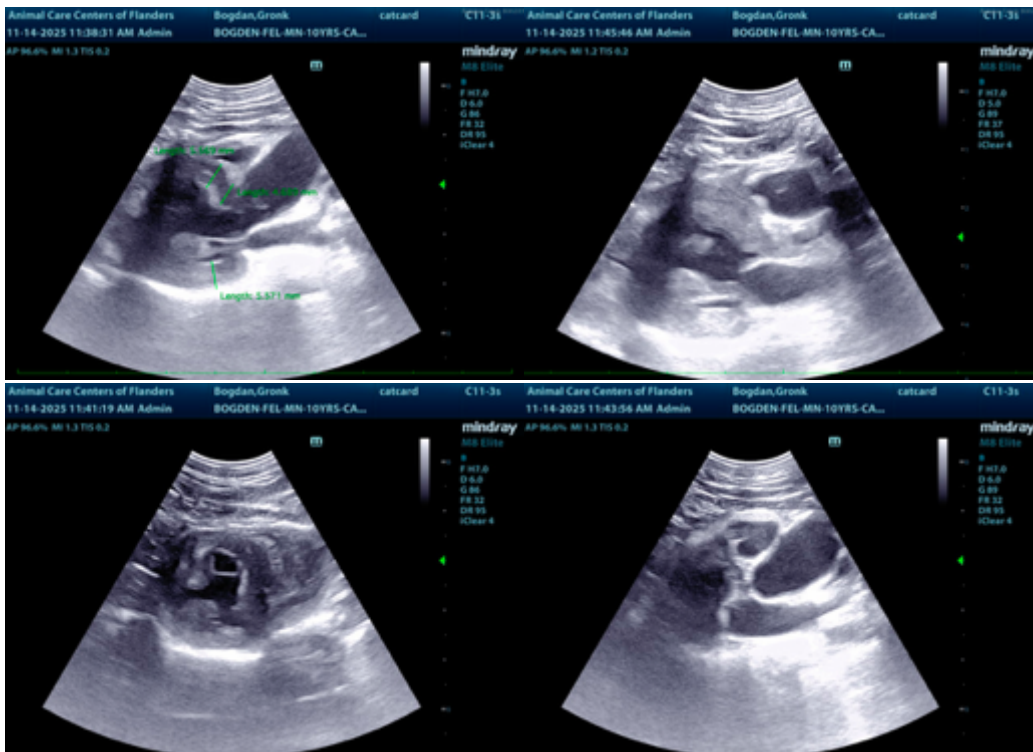
No special cardiac considerations are necessary

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.



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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