

PATIENT

Callie Bain

SPECIES

Feline

BREED

British Longhair

SEX

Spayed female

AGE

3 years

WEIGHT

7 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Smith

INVOICE

69099

DATE

11/26/25

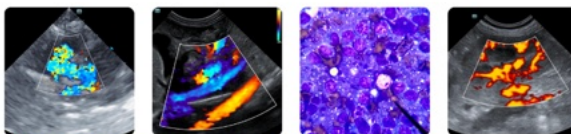
PRESENTING CLINICAL SIGNS

History: Sedated for exam-History - Presenting concerns: Chronic history of inappropriate urination. Large home with 8 litter boxes (3 other cats). O notes pt will urinate on almost anything and it is becoming unsanitary. O also seems to do nothing but eat and cannot gain weight. O notes pt will eat other cats food. Has been seen at previous vet and was noted as otherwise healthy per O. Previous CBC/Chem unremarkable, T4 grey-zone (r/o normal variation, enteropathy, less likely hyperthyroidism), UA shows concentrated urine (USG 1.058) with Struvite (4-10/hpf) and amorphous phosphate (2-3/hpf) formation (r/o artifact vs. struvite urolithiasis). Has never tried medications. Recently moved from Elk Grove, CA and also wanting to establish. C/S/V/D? none Diet: FF, Friskies wet Supplements: none Medications: none indoor only Parasite prevention: none ***Struvite crystal in urine, Large, rounded cardiac silhouette on radiographs, Inability to gain weight, Inappropriate urination Abnormal PE/Chem/CBC/UA Results: RAD report attached 11/24/2025: BUN 37 Neu 2112/uL (WBC wnl). USG 1.032 pH 8.0 Trace proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 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	3.18 kg	230	0.45	1.49	0.4	49	84
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	0.99	1.13		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							



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ECG:

There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 200bpm. The mean electrical axis is within normal limits. 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 normal sinus rhythm.

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:

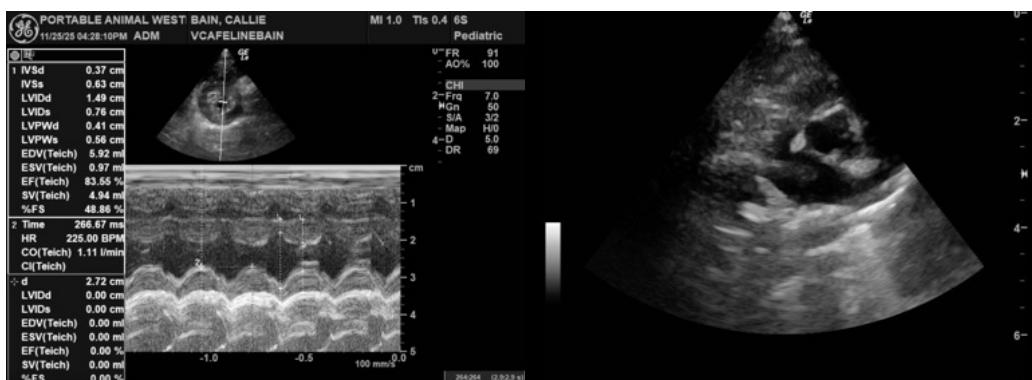
No special cardiac considerations are necessary

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.



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.

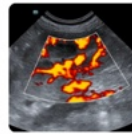
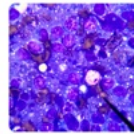
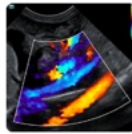
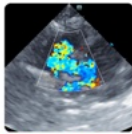
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Imaging
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