



PATIENT

Buddy Hertzler

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

11 pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Jack Reese DVM

HOSPITAL NAME

Willow Run Veterinary
Clinic

REFERRING VET

Dr. Jack Reese DVM

INVOICE

12101

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Patient presented to local emergency clinic on 11/2/25 for lethargy, panting/increased respiratory rate at home, decreased appetite. Bloodwork performed at ER indicated elevated proBNP, no other significant changes. Radiographs indicated concern for mild bronchitis with focal unstructured interstitial to alveolar component involving the right middle lung lobe. Buddy was treated with dexamethasone, Convenia, and sent home with oral prednisolone. Patient presented to our clinic on Tuesday for continued lethargy and elevated respiratory rate and effort. Recheck radiographs concerning for worsening generalized interstitial pattern and subjective cardiomegaly. Slight improvement noted with initiation of Lasix therapy. Echocardiogram recommended as next step.

Abnormal PE/Chem/CBC/UA Results: proBNP - noted as abnormal at ER Full labwork otherwise unremarkable

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	5.0	NM	0.48	1.49	0.41	40	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	1.36	1.70		1.1	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 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 based on fractional shortening and systolic left ventricular dimensions. 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



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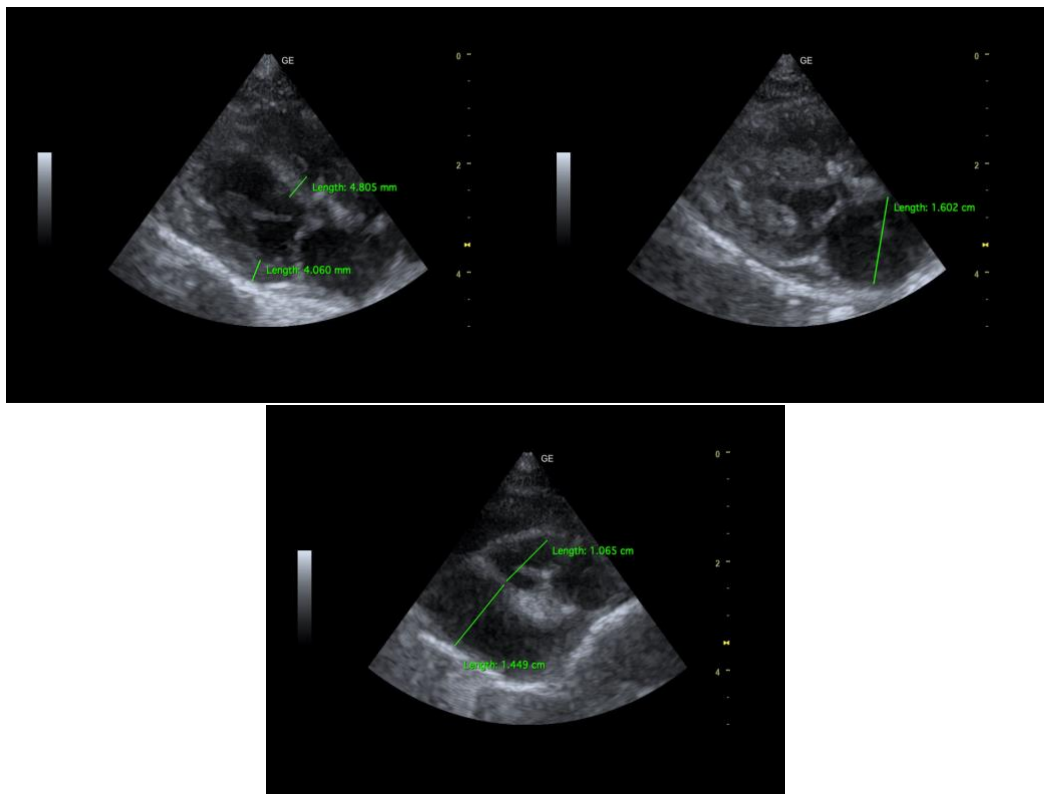
11/05/25

- These findings are consistent with an essentially normal echocardiogram; however, the prior administration of diuretics confounds these results. The presence of an elevated BNP is often associated with underlying heart disease but can be seen in animals without heart disease. In addition, changes on chest X-rays can occur without significant underlying disease. The absence of any abnormalities on the echo cannot exclude meaningful cardiac disease at this time, due to the administration of diuretics.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no changes to cardiac therapy will be recommended. If response to diuretics was noted, then continued use will be indicated despite the lack of significant cardiac changes noted on the echocardiogram. If there is not continued response identified, then additional therapies (bronchodilators and antibiotics) should be considered. A repeat echocardiogram is indicated in 3-6 months if diuretics are continued, to monitor for further progression.

Anesthesia considerations:
No special cardiac 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



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can be of any further assistance, please contact me.

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info@SonoPath.com