



## PATIENT

Frances Embrogno

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

15 years

## WEIGHT

15 lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Christopher Roberts

## HOSPITAL NAME

Kentown AH

## REFERRING VET

Dr. Roberts

## INVOICE

68382

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

History: P presented for evaluation of raspy purr and intermittent vomiting with decreased appetite on 10/31/25. Radiographs at that time revealed consolidation of right middle lung lobe on radiographs and increase BV sounds. P was started on convenia 0.7 mL SQ, Cerenia 0.7 mL SQ and Furosemide 6.25 mg PO BID. P had abnormal BNP performed at that time. P has shown moderate improvement per O but echo recommended to rule out cardiac related disease and see if furosemide is appropriate long term. O reports P is doing better since the treatment. Radiographs attached for review.

Abnormal PE/Chem/CBC/UA Results: No murmur ausculted. NO arrhythmias. proBNP- Abnormal Radiographs- attached for review. consolidation of right middle lung lobe. Concern for cardiomegaly. BW- Neutrophilia- 8720, Bands present 327 (0-150) lymphopenia- 654 dohle bodies and mild toxic changes to neutrophils Glucose- 265 Fluid analysis on thoracic fluid pending

## 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, but moderate pleural effusion 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	6.82	NM	0.42	1.49	0.5	40	73
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	1.25	1.61		0.8	0.5	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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## ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin. There is no cardiac cause of the morbidity suspected at this time, however the concurrent administration of furosemide confounds evaluation of the normal left sided dimensions.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no changes to cardiac therapy will be recommended. Thoracocentesis with fluid cytology is recommended. If consistent with congestive heart failure, then the addition of Vetmedin (0.25-0.35mg/kg BID) and enalapril (0.5mg/kg SID) should be considered. If diuretics are discontinued, a repeat echocardiogram is recommended 2-4 weeks after.

### Anesthesia considerations:

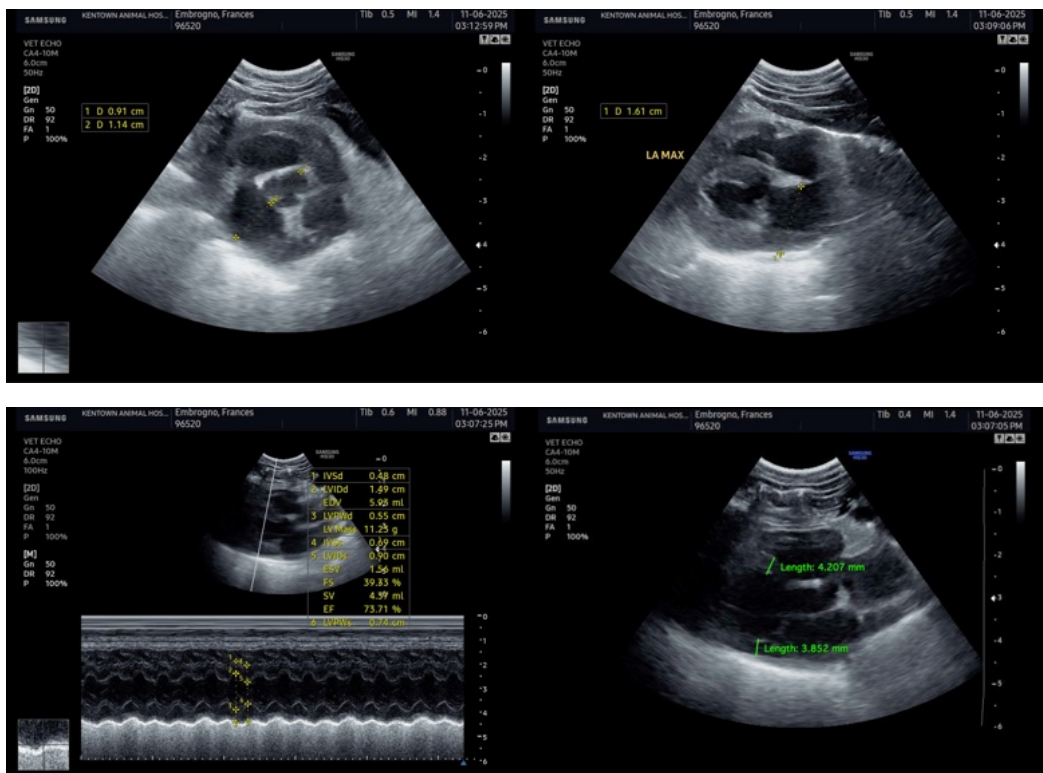
No special cardiac considerations are necessary

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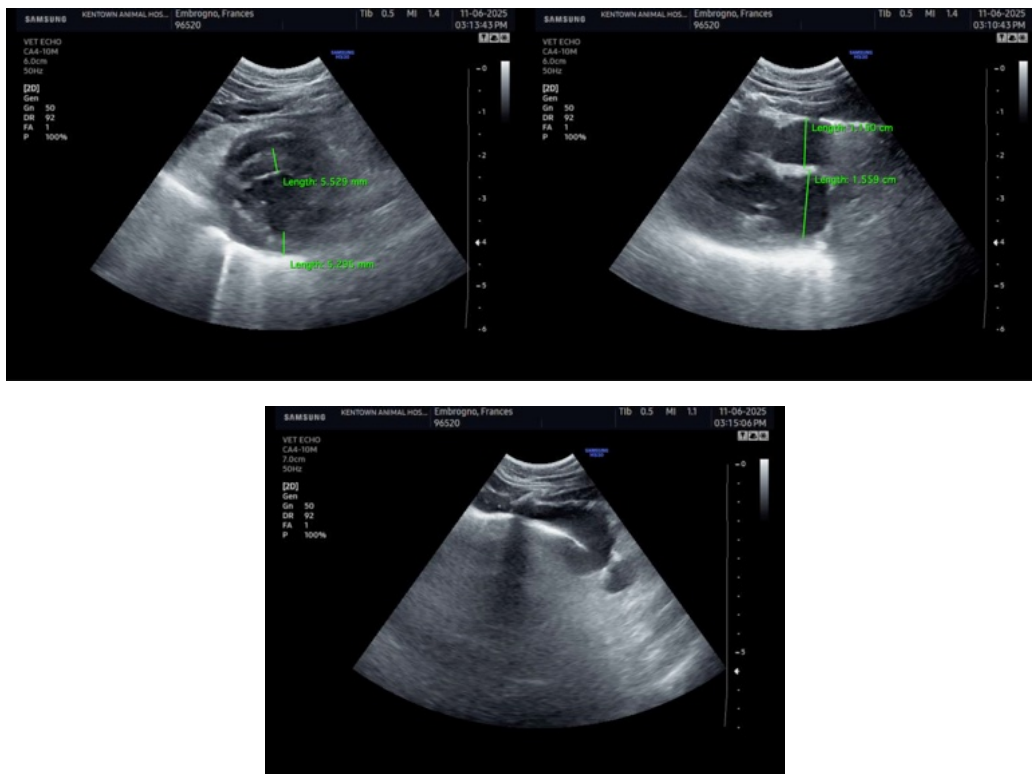
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)