



PATIENT

Kalee Brown

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.8 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

35080

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Hyporexia and weight loss - 2 lb over last year Moderate heart murmur heard at exam Patient was not sedated for imaging due to concern over cardiac function.

Abnormal PE/Chem/CBC/UA Results: CBC - mid monocytosis, mild eosinophilia CHEM - WNL Thyroid - euthyroid UA - well concentrated.

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 | 3.09 | 200 | 0.52 | 1.44 | 0.4 | 67 | 95 |
| 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 | 1.11 | 1.22 | 1.24 | | 1.0 | 0.9 | 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. The right atrium and ventricle are subjectively prominent/mildly enlarged with adequate systolic function. The anterior and posterior mitral 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. There is mild tricuspid valve regurgitation noted with evidence for at least mild pulmonary hypertension. 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 visible pericardial, pleural, or free peritoneal fluid noted.

ULTRASONOGRAPHIC FINDINGS

- These findings identify evidence of mild pulmonary hypertension in the setting of an otherwise essentially normal echocardiogram. Any murmur auscultated will be considered



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functional in origin. Pulmonary hypertension in cats can occur secondary to primary respiratory disease (chronic bronchitis, asthma, other forms of pulmonary interstitial disease). Pulmonary hypertension can also develop in cats with heartworm disease or secondary to pulmonary thromboembolism (PTE). Less commonly, pulmonary hypertension is identified in cats as an idiopathic condition.

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. A recheck echocardiogram is recommended in 6 months.

Anesthesia considerations:

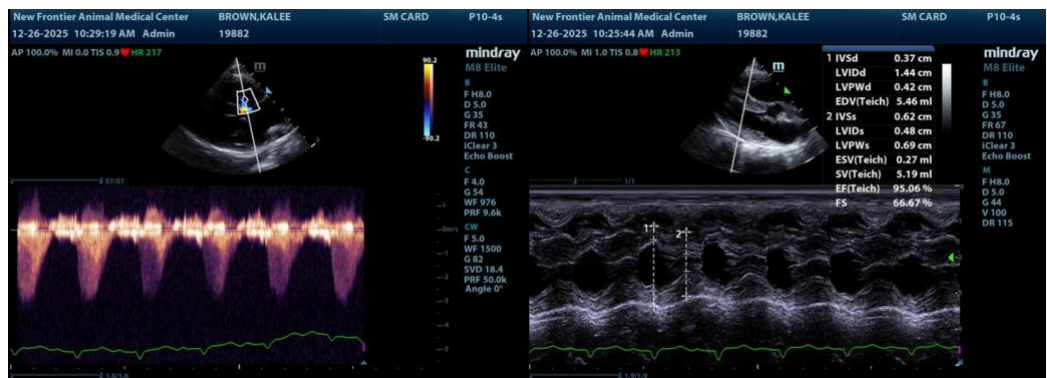
While there is no CHF present, there is likely an increased anesthetic risk which must be considered prior to any anesthetic procedure. If anesthesia is necessary, then alpha-2 agonists, ketamine, and Telazol should be avoided. Fluid therapy during anesthesia does not necessarily need to be adjusted. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is mandatory. Premedication with an opioid (e.g., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

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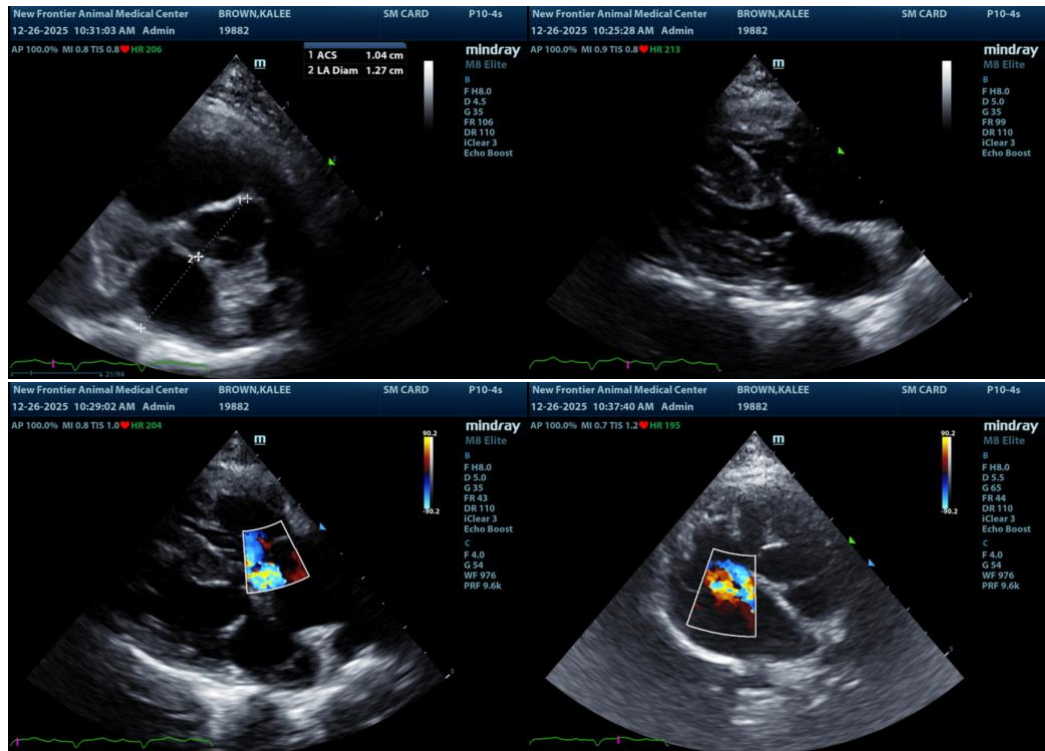
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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