



PATIENT

Mishka Likhovidov

SPECIES

Feline

BREED

Russian Blue

SEX

Intact Female

AGE

7 Months 2 Weeks 6 Days

WEIGHT

6.6 Pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Englewood VC

REFERRING VET

Dr. Ezik

INVOICE

35078

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Ventricular arrhythmia confirmed on EKG w/ moderate to marked generalized cardiomegaly w/ pulmonary venous and arterial congestion on rads.

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		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
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. There is apparent dropout in the intraventricular septum with suspected left to right systolic flow that is not interrogated. The right atrium and ventricle are subjectively enlarged with concern of possible pulmonary hypertension. 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 regurgitation noted. 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. Mild pulmonic insufficiency is documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

ULTRASONOGRAPHIC FINDINGS

- These findings identify a suspected left to right ventricular septal defect with relative pulmonic stenosis due to the left to right shunt. There is evidence/concern for pulmonary hypertension;



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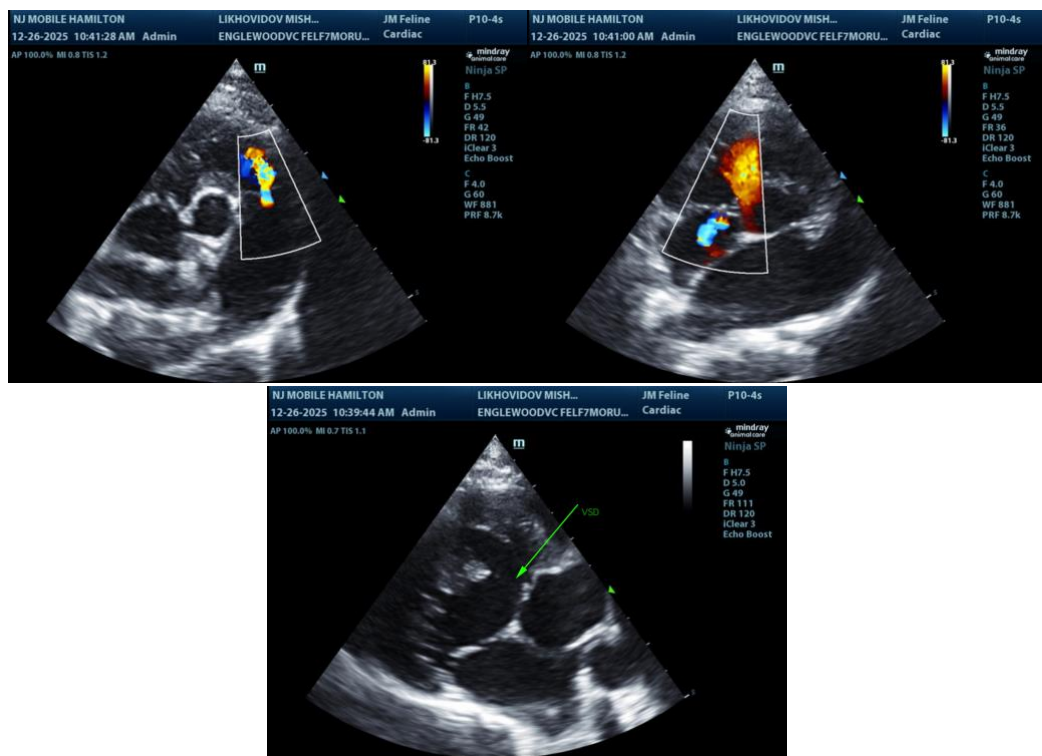
12/26/25

however, true pulmonic stenosis cannot be definitively excluded. This makes tetralogy of Fallot a possibility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations:

Given these findings, further evaluation by a cardiologist is recommended given the complex nature of this case. In the absence of significant left sided dilation, no immediate cardiac therapy will be recommended pending further evaluation.



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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