



PATIENT

Socrates Nino

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 years 10 months

WEIGHT

4.95 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Save Emergency – ER
Doctor

INVOICE

11380

DATE

2/25/2026

PRESENTING CLINICAL SIGNS

- Persistent lethargy, anorexia, and vomiting despite anti-nausea injection, SQ fluids, and probiotics administered the previous day. Vomited food and water overnight. Abnormal mentation per owner (not acting like himself).

Abnormal PE/Chem/CBC/UA Results: PE -Temp: 38.8°C, HR: 176 bpm, RR: 44 bpm (mild tachypnea), BP: 143/69 (MAP 80), SpO₂: 100%, MM pink, CRT <2 sec, ~5% dehydrated Abdomen non-distended, non-painful, no palpable masses No cardiac murmur ausculted Mentally appropriate

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	4.95 kg	NM	0.56	1.2	0.56	16%	36%
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	2.68	2.87	2.35		0.4	0.4	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 severely enlarged. 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 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 semilunar valve insufficiency or pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

ULTRASONOGRAPHIC FINDINGS

- These findings identify left atrial dilation in the absence of any left ventricular hypertrophy or outflow tract obstruction. In the absence of any intrinsic disease (hyperthyroidism or severe



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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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