

PATIENT

Coco Wilson

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

6.5 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Christopher
Roberts

HOSPITAL NAME

Kentown Animal
Hospital

REFERRING VET

Dr. Christopher
Roberts

INVOICE

11493

DATE

3/13/2026

PRESENTING CLINICAL SIGNS

- P has been experiencing chronic weight loss over the last 2 years- used to be 11#. Most of the weight loss has been over the last 6 months.
- P is generally hungry and eating with occ. vomiting and seems uncomfortable after eating with hunched appearance. Recent ultrasound of abdomen has raised concerns for cholangiohepatitis/ chronic pancreatitis.
- Chronic history of hypertension- on amlodipine 0.625 mg PO SID.
- Chronic history of asthma- receives fluticasone inhaler BID.
- Chronic history of bladder stones- on c/d diet.
- Current tumor on face.
- History of sublingual hemangiosarcoma - removed 4/2022- no recurrence.

Abnormal PE/Chem/CBC/UA Results: BAR, H/L- grade II/VI systolic murmur, BCS- 3/9, lungs auscultate normally last BP 3/2025- 185 mmHg- on amlodipine 0.625 mg SID CBC-WNL (hct- 32.7%) Chem- BUN- 26, Creat- 1.2, SDMA- 14 UA- USG- 1.014, protein- negative, pH- 5.5 T4- 1.7 Abdominal ultrasound- dilated pancreatic and biliary ducts -concern for cholangitis/cholangiohepatitis. Thickened intestines/ileum with mild lymphadenopathy (intra-abdominal).

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	2.95 kg	NM	0.57	1.47	0.49	39%	96%
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	1.37	1.36	1.07		NM	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							

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 prominent with apparently 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 mild tricuspid 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 prominent but otherwise unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and



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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

- These findings identify a prominent right atrium and ventricle with tricuspid regurgitation. This can be seen in the setting of pulmonary hypertension, degenerative tricuspid valve disease, right ventricular cardiomyopathy (ARVC), or congenital AV valve malformation. The prominent aorta likely reflects a combination of the historic systemic hypertension and an age related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

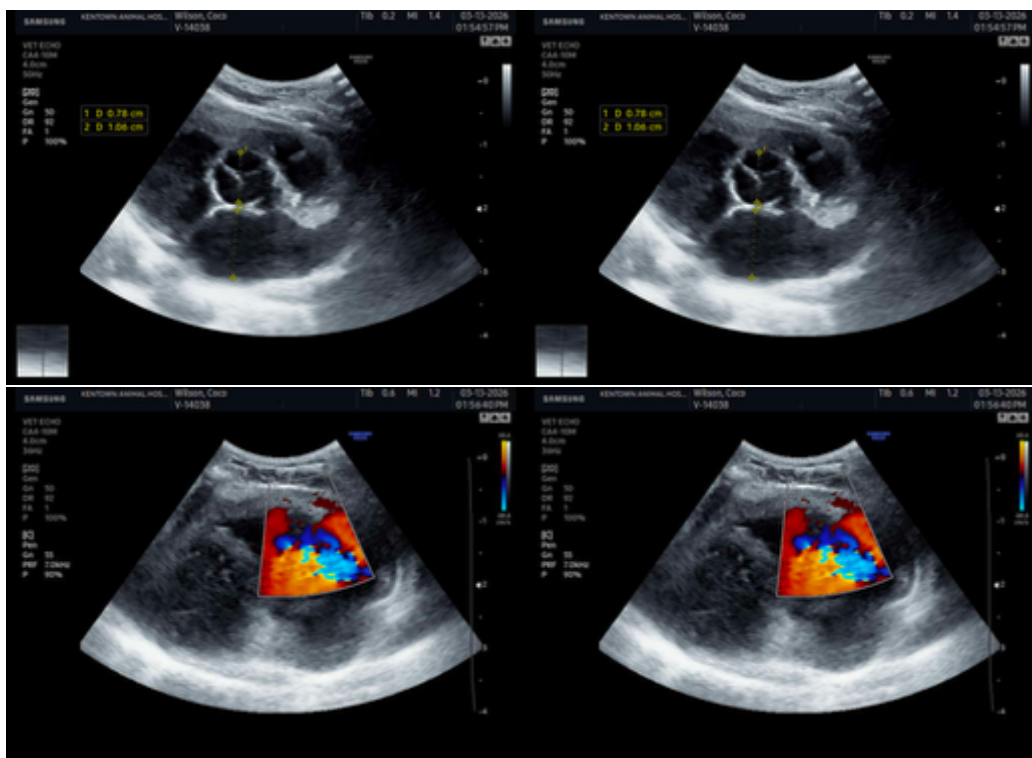
Given these findings, no cardiac therapy will be recommended at this time. Further evaluation of the right side is recommended, to evaluate for the presence of pulmonary hypertension. A referral to a veterinary cardiologist is recommended.

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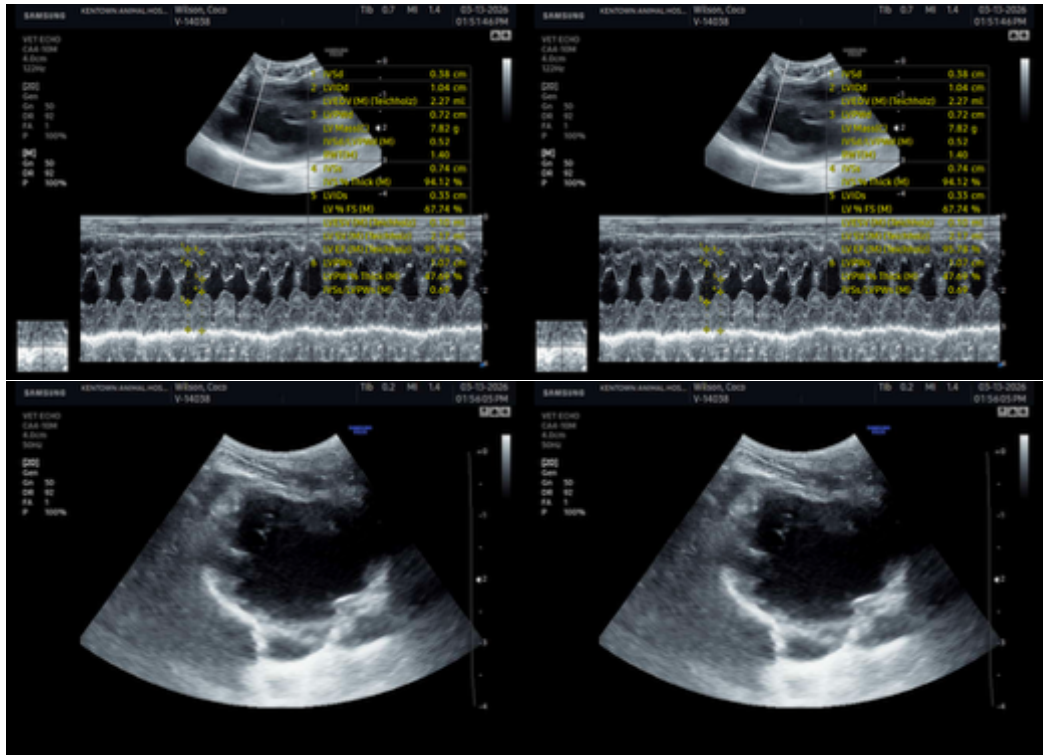
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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