



PATIENT

Zoey Robinson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

10.3 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

73471

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Weight loss reported at annual exam.
- Azotemia and hyperglobulinemia on BW
- No improvement in azotemia with antibiotics
- Thoracocentesis of 215mL clear fluid after echo - SG 1.028.
- New systolic HM (Grade 2/6), increased RR noted today. Muscle wasting. BCS 3/9. BW (3/11/2026) - SDMA 18, Creat 2.6, BUN 40. T-4 low N. TP 11.5, Glob 8.9. A:G 0.3. 2/20/2026 - USG 1.017, pyuria. Felv/FIV/HW - NEG. FIP PCR on blood - NEG AUS (today) - dilated hepatic veins, trace free fluid in abdomen. Aging changes in both kidneys.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is mild to moderately enlarged. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension with normal wall thickness, and no evidence of restriction. Left ventricular systolic function is adequate, with appropriate contractility. The right atrium and ventricle are subjectively dilated with normal systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without significant 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 pericardial, but moderate pleural, and mild free peritoneal fluid noted (post-tap fluid is resolved). There is significant hepatic venous congestion documented.

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	4.68 kg	150	0.44	1.46	0.45	42	77
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	1.66	1.8	1.76		1.0	0.6	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 identify significant atrial dilation in the absence of any LV hypertrophy or outflow tract obstruction. Given the history of azotemia, it is assumed that clinical signs developed after fluid diuresis, in which case, iatrogenic fluid overload is considered a likely etiology. In the absence of any iatrogenic (fluids/steroid) or intrinsic (hyperthyroidism or severe anemia) factors that could represent a volume load, the findings are consistent with the myocardial form of restrictive cardiomyopathy (RCM, previously considered UCM). The degree of atrial dilation makes CHF a likely explanation for the clinical/radiographic signs. Given the persistence of azotemia in the face of fluid overload/CHF, prognosis for this condition would be considered guarded to poor, especially if hemodialysis is unavailable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for CHF is recommended, to include Lasix (1mg/kg q24-BID as needed to resolve any further edema or effusions) and Vetmedin (0.25-0.35mg/kg BID). A repeat chest X-rays, chemistry, and BP is recommended prior to discharge, and again in 1-2 weeks. Additionally, Plavix/clopidogrel (1/4 of a 75 mg tablet, or 18.75 mg PO q 24 h) +/- rivaroxaban (2.5mg q24) should be initiated as an anti-thrombotic. Due to the bitter taste of this medication, it may be best to place it in an empty gelatin capsule or use products such as a Pill Pocket. Barring any setbacks or complications, a repeat echo/rads will be recommended in 3-6 months.

Anesthesia considerations:

Anesthesia should be avoided until signs of congestion have resolved. If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Anesthetic IV fluid use should be limited to < 3 ml/kg/hr and, if IV fluid therapy is administered during the procedure, a 1 mg/kg dose of IM Lasix should be administered when the patient is awake and standing in recovery. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., 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:

A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition with mild dietary sodium restriction (<100 mg/100 kcal) is recommended. Consider omega-3 fatty acid supplementation.

Activity:

Avoid strenuous activity.



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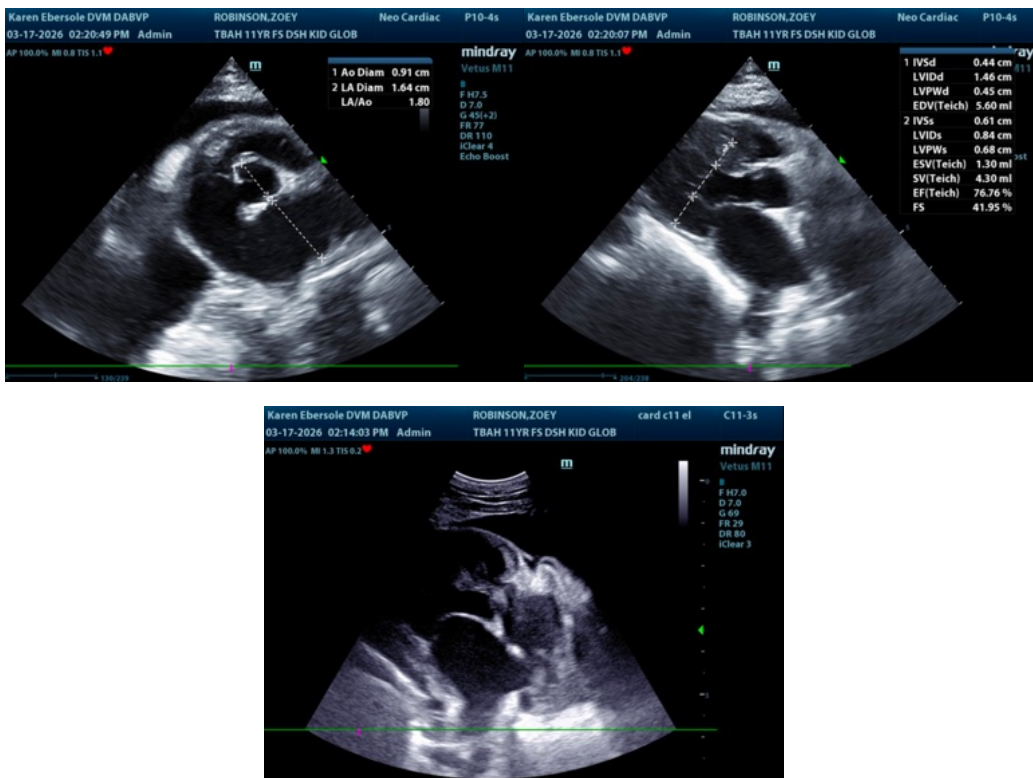
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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