



## PATIENT

Maizy Heiden

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

11 years

## WEIGHT

4 kgs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Mt Nittany VH

## INVOICE

73548

## DATE

3/18/26

## PRESENTING CLINICAL SIGNS

- Echo to further evaluate a new possible HM and elevated proBNP. Comfortable respirations. Pt was recently seen for an episode of collapse after running up the steps, seemed out of it per O and wouldn't move hind limbs. Doppler BP at that time was 140 mmHg. PMH: Hyperthyroidism managed on methimazole. Chronic D+.
- Time of Echo- no HM appreciated, PQSS. MM P/M CRT < 2 sec, normal RR/RE, normal BVS. Ambulatory x 4.
- Meds: Methimazole 5 mg BID
- BP: 138, 136 mmHg Chem: ALT 674 H, ALP 120 H, AST 145 H, normal BUN/Cr/SDMA proBNP 222pmol/L CBC: NSF UA: USG 1.033, pro 2+, bld 3+, RBC 50-75/hpf, NSF TT4: 5.1 H TXR: VHS: 7.6 VLAS 1.9 WNL AUS (IDEXX): Diffuse enteropathy, colonopathy. IBD, small cell LSA are differentials. Hypoechoic liver. Given the suspected intestinal disease, cholangiohepatitis is presumed as cholangiohepatitis often occurs concurrently w/ SI disease. Hepatic LSA is considered less likely w/o hepatomegaly or discrete liver masses or nodules. Slightly hypoechoic pancreas bordered by mildly hyperechoic fat. This finding could indicate pancreatitis although these changes are subtle enough that normal variation could be more likely, particular given that small bowel and colonic pathology may explain clinical signs.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 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 valve 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 pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

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	4.0 kg	210	0.48	1.64	0.43	56	89
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	1.41	0.93	1.59		1.3	1.2	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 are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. No specific recheck echocardiogram is recommended.

### Anesthesia considerations:

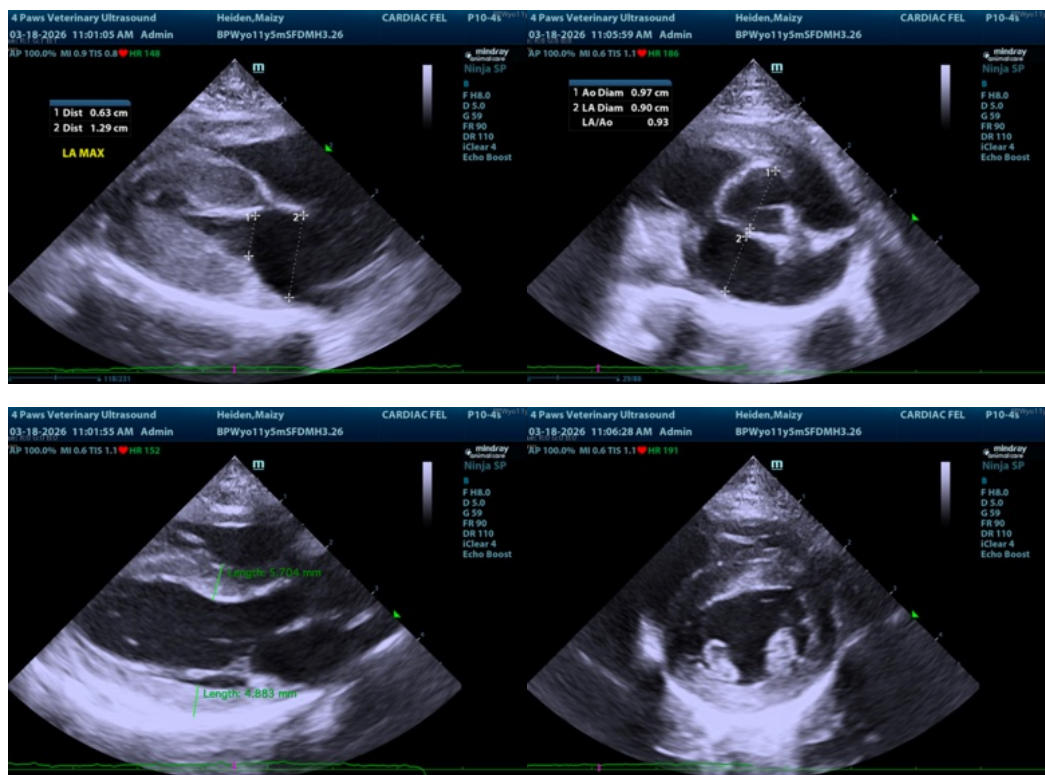
No special cardiac considerations are necessary

### 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.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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](mailto:info@SonoPath.com)