

**PATIENT**

Juniper KirkDavidoff

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Spayed female

**AGE**

4 ½ years

**WEIGHT**

8.91 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline AH

**REFERRING VET**

Dr. Smith

**INVOICE**

73811

**DATE**

3/19/26

**PRESENTING CLINICAL SIGNS**

- Heart murmur, grade 2 of 6
- Pt sedated with alfaxalone, butorphanol, and midazolam without incident.
- Murmur - 2/6 murmur, parasternal
- Struvite crystal in urine, Eosinophilia ALB 2.1 (suspect responsive to high-normal globulins) BG 184 mg/dL (r/o stress hyperglycemia) Neu 9727/uL (r/o stress/inflammatory, infectious) Eos 1781/uL (r/o allergic, parasitic) USG 1.042 pH 7.5 Trace proteinuria Struvites 2-3/hpf

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

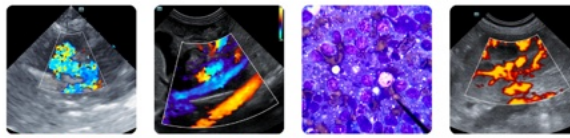
The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension as well as wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right atrium and ventricle are slightly prominent with normal systolic function and septal motion. The anterior and posterior mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation. There is trace tricuspid regurgitation documented. 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 and laminar flow, with a slightly dilated main pulmonary artery and marginally reduced right pulmonary artery distensibility. There is no visible pericardial, pleural, or free peritoneal fluid noted. There is a mild caudodorsal bronchointerstitial pulmonary pattern noted on thoracic radiographs with peri-bronchial infiltrate and no significant cardiomegaly.

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	4.05 kg	180	0.51	1.4	0.47	49	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	0.98	1.13	1.2	0.9	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

**ECG:**

There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 180bpm. The rhythm appears to be sinus in origin with narrow QRS complexes (<40ms). There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a normal sinus rhythm.



**PATIENT**

Juniper KirkDavidoff

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Spayed female

**AGE**

4 ½ years

**WEIGHT**

8.91 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline AH

**REFERRING VET**

Dr. Smith

**INVOICE**

73811

**DATE**

3/19/26

**ULTRASONOGRAPHIC FINDINGS**

- These findings identify 2D changes consistent with possible pulmonary hypertension, despite a normal right ventricular pressure gradient (TR gradient). There is no significant left sided pathology identified, and any murmur auscultated will be considered functional in origin. The potential pulmonary hypertension is likely related to the primary pulmonary/airway pathology identified on thoracic radiographs.

**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:

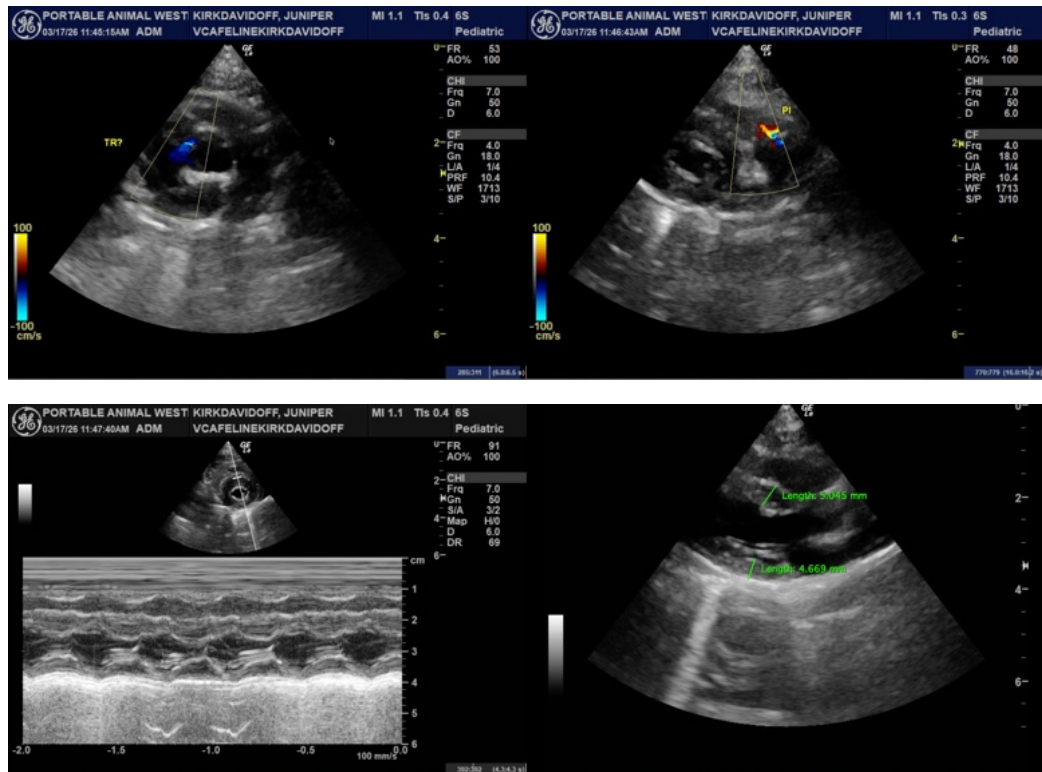
No special cardiac considerations are necessary

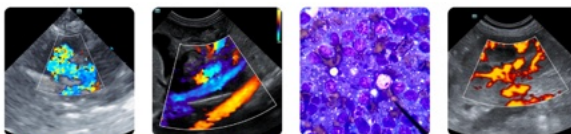
Diet:

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.





**PATIENT**

Juniper KirkDavidoff

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Spayed female

**AGE**

4 ½ years

**WEIGHT**

8.91 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline AH

**REFERRING VET**

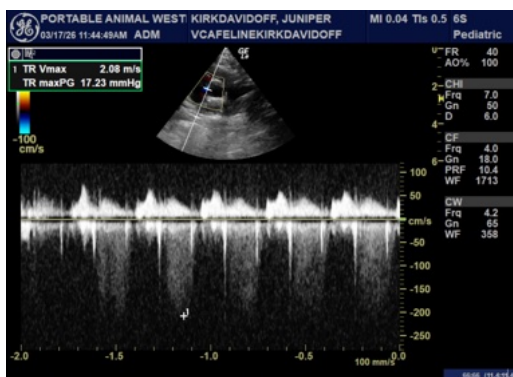
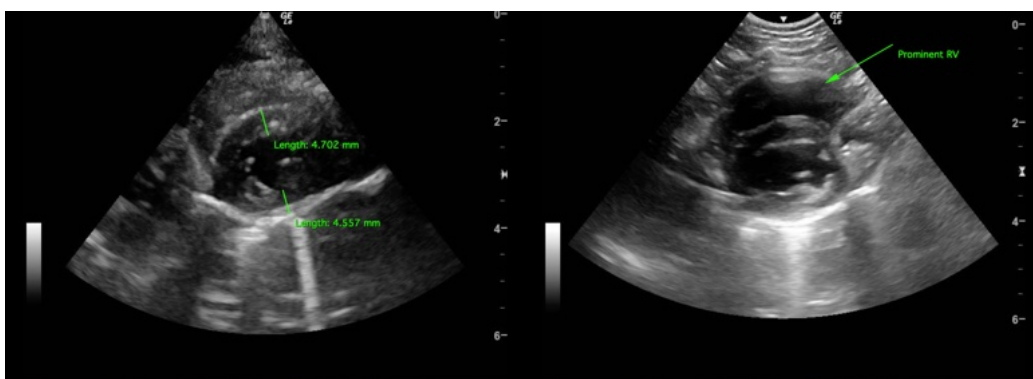
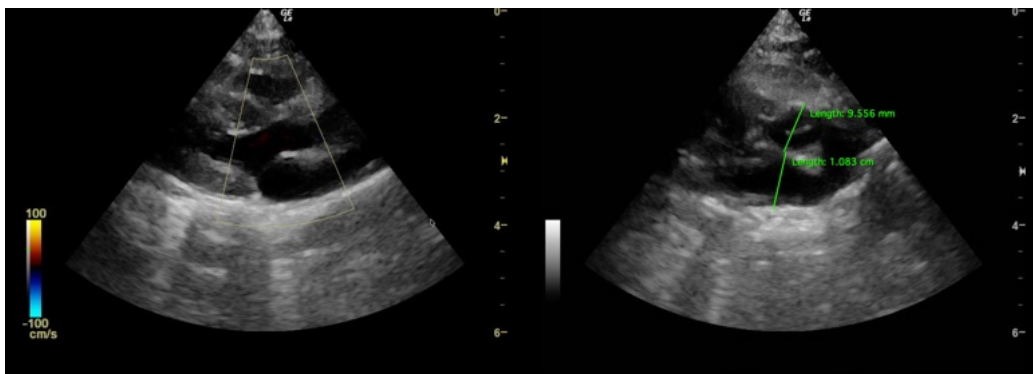
Dr. Smith

**INVOICE**

73811

**DATE**

3/19/26



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](mailto:info@SonoPath.com)