



PATIENT

Forest McCardle

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6

WEIGHT

8.5lb

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Arielle Roldan CVT

HOSPITAL NAME

Milford Animal
Hospital

REFERRING VET

Sean Grasso DVM

INVOICE

24140

DATE

03/09/2026

PRESENTING CLINICAL SIGNS

Pt presented on 3/3/26 for retching and weight loss. Owner reports the cat has been eating more than usual and has an increase in drinking. History of urinary issues reported. Breathing through mouth.

While attempting scan patient began open mouth breathing, can hear crackles on the left side

Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chemistry: elevated amylase and lipase T4: gray zone Troponin (Tnl) and proBNP: within normal limits Chest xrays attached

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Cardiac Presentation

An abbreviated echocardiogram with atypical views is provided. The left atrium is subjectively normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is not readily visualized. 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. The visible aorta is unremarkable. There is no visible pericardial, but mild pleural effusion is noted.

ULTRASONOGRAPHIC FINDINGS

These findings likely represent a normal echocardiogram, given the appearance of the left atrium, with no overt cardiac cause of the effusion identified. However, occult cardiac disease, or masses/tumors cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs and an abdominal ultrasound are indicated when the patient is stable enough to undergo these tests. Given the difficulty with imaging this patient, both due to the pleural effusion and patients' conformation, as well as the respiratory signs, a referral to a cardiologist is recommended for complete evaluation and to excluded cardiac disease as a potential underlying cause of the clinical signs.

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.

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