

PATIENT

Elphie Richer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 11 Months

WEIGHT

10.9 lbs

INTERPRETED BY

Brad Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison
 Mayodan

REFERRING VET

Dr. Flanagan

INVOICE

74403

DATE

4/10/26

PRESENTING CLINICAL SIGNS

P presented for echo due to Grade 3/6 left sided murmur cardio probnp 130, BP 146/88. p has history of epilepsy on phenobarb.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

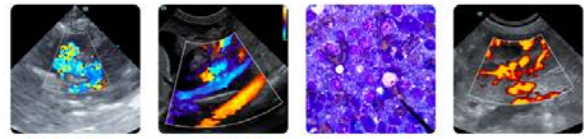
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	4.95	100	0.37	1.46	0.42	52	86
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (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	1.59	1.42	1.47		1.1	1.1	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 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.

ECG:

A six-lead ECG is available for review. The average heart rate is approximately 120bpm, with a normal mean electrical axis. The QRS complexes are ventricular in origin (>40ms). There is no consistent P-Q intervals, with with some occasionally appearing to be appropriate, but others vary between long and short intervals. There are regular R-R intervals. The underlying rhythm is most consistent with a 3rd degree atrioventricular block.



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin. Atrioventricular (AV) block is an abnormality affecting conduction from the atria to the ventricles. The block typically occurs at the level of the AV node or the bundle of His. AV block is uncommon in cats but is typically due to progressive fibrosis/degeneration of the AV node. Other causes include myocarditis, cardiomyopathy, ischemia, iatrogenic causes (beta-blockers, calcium channel blockers, digoxin, etc.), increased vagal tone, electrolyte abnormalities, and exposure to certain toxins or medications.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

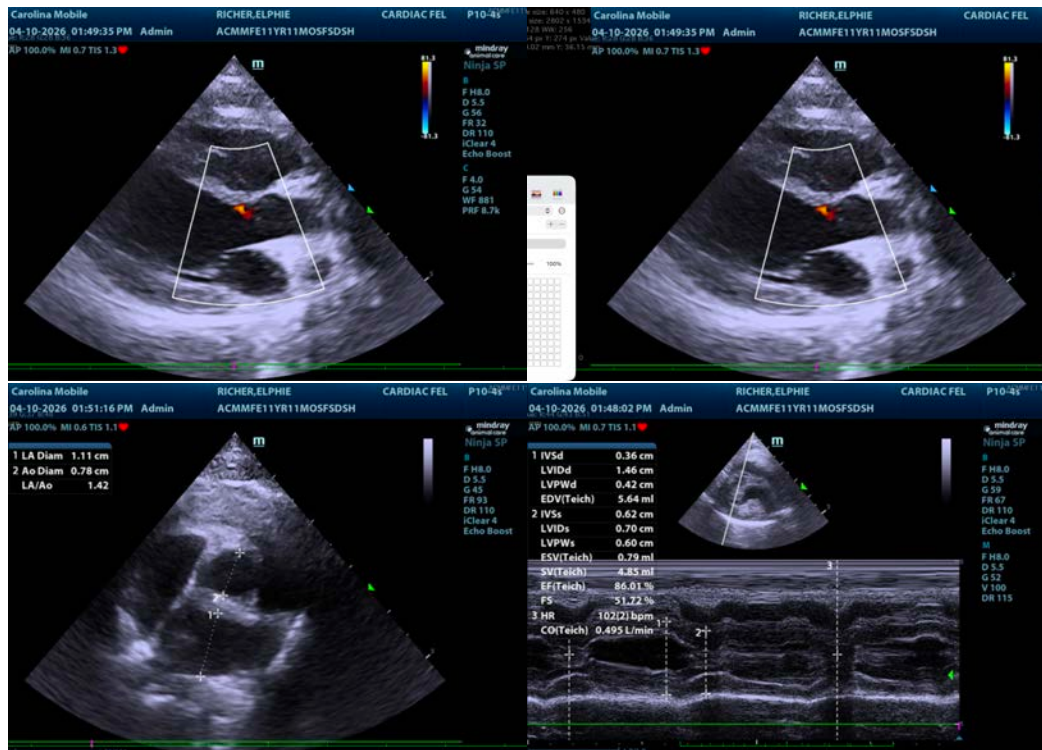
AV block is typically well tolerated in cats due to the higher ventricular escape rate. Some more severe AV block can be addressed medically with theophylline or other medications if clinical signs such as syncope, or cardiac dilation occur. More severe manifestations require pacemaker placement. Given these findings, no cardiac therapy will be recommended at this time. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. A recheck echocardiogram and ECG is recommended in 6 months, or sooner if clinical signs (syncope) develops.

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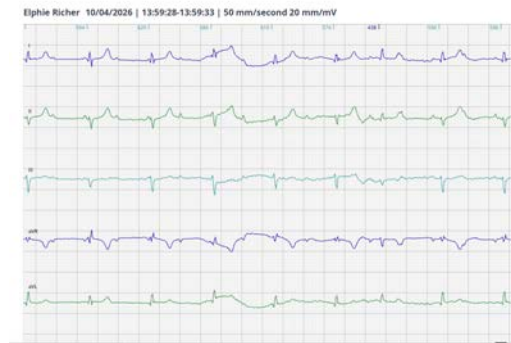
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com