

DATE PRESENTING CLINICAL SIGNS

4/16/26

PATIENT

Oakley Doyle

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

11/2/14

WEIGHT

8.4 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

HOSPITAL NAME

Everhart VH Pasadena

REFERRING VET

Dr. Betta

INVOICE

74545

Patient History: Presented for wellness on 1/27. Gr 3/6 Hm ausculted - chronic. Hx of cough at home - suspect

asthma. Xrays taken. Weight loss of about 3 lbs. intermittent poor eating and some loose stools seen

Current Medications: Albuterol and fluticasone inhaler prescribed at 1/29 appt - unsure if pet has been on meds

Labwork Results: Attached, reported as: labs - Neutrophilia 12k, eosinophilia 1359, otherwise nsf including thyroid. xrays (chest, 3 view): suspect bronchial patter with soft tissue opacity that could either be enlargement of aorta vs. mass (taken on 1/29)

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

These findings identify a dilated aorta and aortic insufficiency in the setting of an otherwise normal echocardiogram. The aortic dilation may represent an age related change (annuloaortic ectasia), or be secondary to systemic hypertension. Regardless, any murmur auscultated will be considered functional in origin. A ventricular arrhythmia is noted. In cats, ventricular arrhythmias are usually secondary to underlying structural heart disease. Causes include cardiomyopathy (e.g., hypertrophic, restrictive, arrhythmogenic, dilated) or secondary myocardial disease (e.g., hyperthyroidism, hypertension). Rarely, ventricular arrhythmias develop secondary to extracardiac conditions (e.g., neurologic disease, metabolic disease, fever, anemia, trauma, GI disease, DIC and sepsis).

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	3.12 kg	180	0.55	1.1	0.49	42	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	NM	1.33	1.6		1.5	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							

ECG

The underlying rhythm is sinus in origin with an average rate of 180bpm. The R-R intervals are regular, with a uniform P-R interval that is within normal limits. There are occasional premature complexes with a wide QRS (>40ms), consistent with a ventricular origin. There are no ventricular couplets or runs of tachycardia documented. There is no evidence of atrioventricular block or atrial ectopy documented.

ULTRASONOGRAPHIC FINDINGS

Given these findings, no cardiac therapy is recommended. A blood pressure is recommended to excluded systemic hypertension as an underlying cause of the aortic dilation and insufficiency. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. No specific recheck echocardiogram is recommended. While therapy is not specifically indicated based on these findings, further diagnostics might help tailor therapeutic recommendations.

Consider the following:

- Abdominal ultrasound to look for abdominal causes of VPCs (e.g., splenic/adrenal changes)
- Consider 24-48 hour ambulatory ECG (Holter) monitor to assess the severity of the arrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

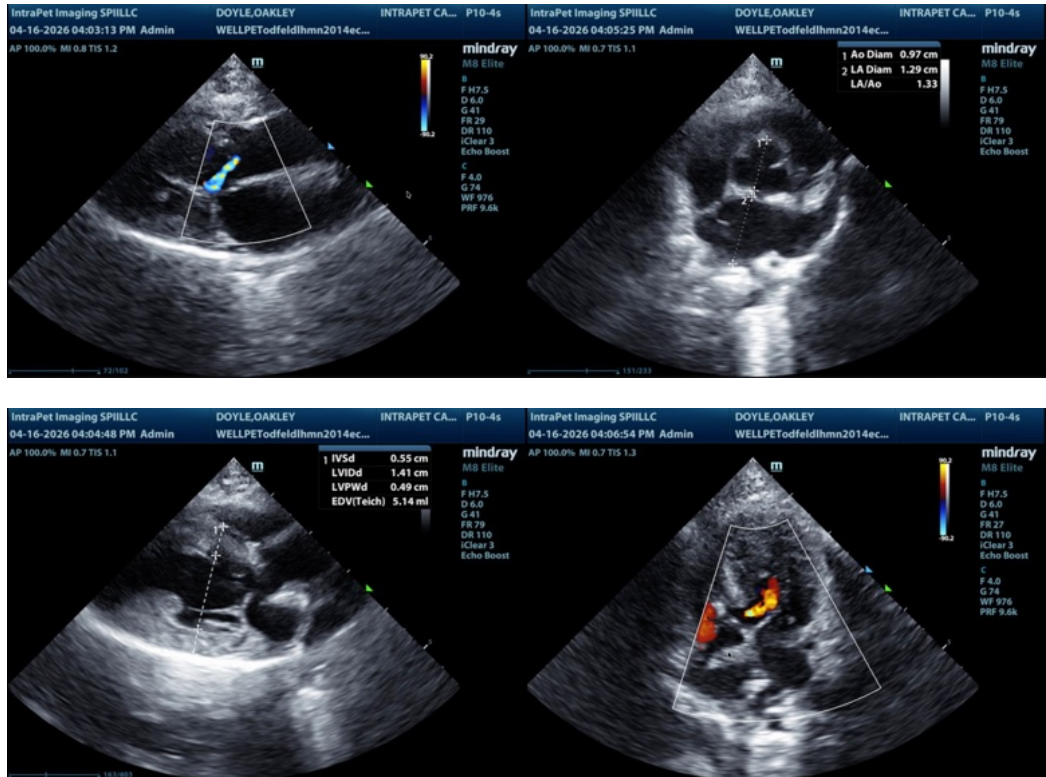
No special cardiac considerations are necessary

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 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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