

DATE PRESENTING CLINICAL SIGNS

4/28/26

PATIENT

Jack Jenkins

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6/15/10

WEIGHT

10 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

74923

History: Jack presented as a new patient in February. He has had weight loss over the past few years in spite of a

good appetite. Jack also can't eat a lot of hard food or treats as he throws up/regurgitates them back up. The previous veterinarian had started him on B12. Jack has ckd stage 2 and he had a grade 2/6 murmur heard by the previous veterinarian in 12/2024 although I did not hear one at his visit. His BP was 170mmHg but he was also a bit jumpy and nervous. His small intestines felt a little more prominent to me. He has had 2 episodes in the past 10 days where a dry treat that he was regurgitating appears to have gotten lodged in his esophagus. He went to Homeward Bound Urgent Care for the first episode and he had radiographs and was scoped to push the treat back down into the stomach. The radiologist noted mild pneumomediastinum on those rads. He recovered fine and then he had another milder episode on 4/23 that he resolved.

Pertinent abnormal PE/Chem/CBC/UA Results: Attached, reported as: BUN=37, creat=1.7, radiographs from ER show pneumomediastinum

Current medications: B12 daily, Miralax, fortiflora every now and then

Blood Pressure: N/A.

Sedation used: Torbugesic.

Pertinent previous ultrasound results: No previous.

STAT: Not requested.

Imaging performed by: Stephanie Warga RDCS, RVT.

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 with trace tricuspid 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	4.55 kg	NM	0.46	1.51	0.51	47	82
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	1.0	1.54	0.7	0.7	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

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

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:

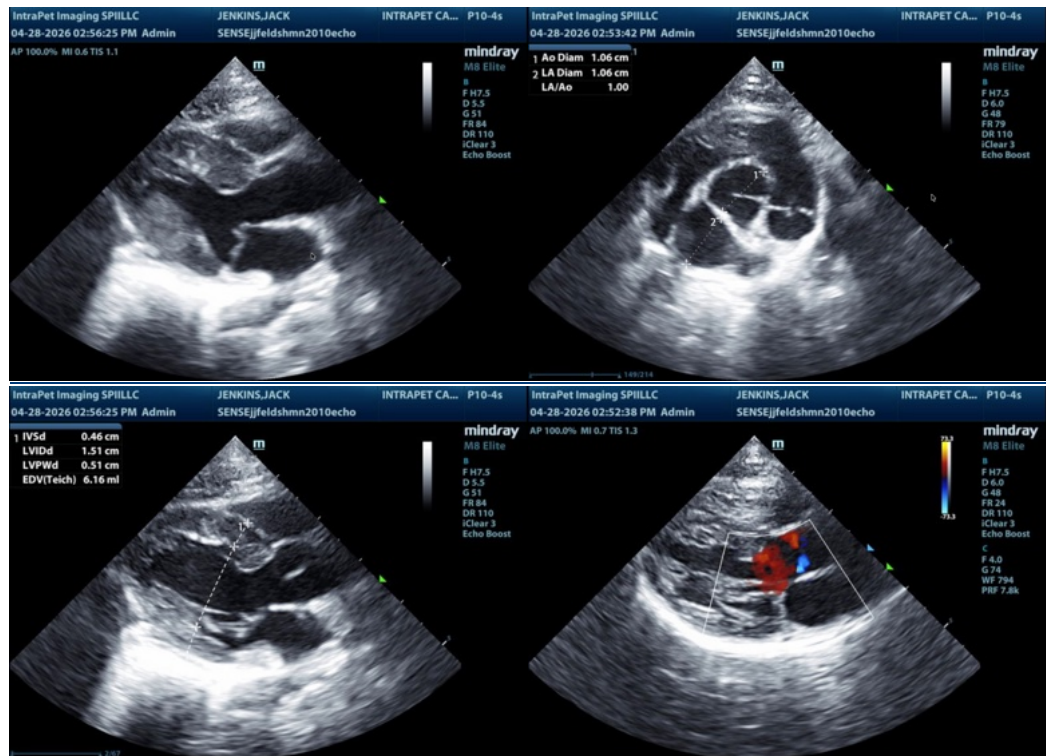
No special cardiac considerations are necessary

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 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