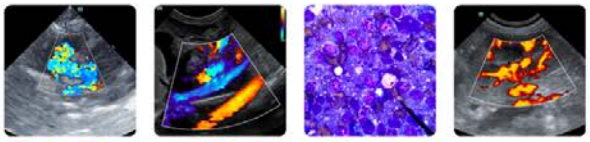

PATIENT

Chevelle Hill

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

13 Weeks

WEIGHT

2.8 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Michael Wasserman

HOSPITAL NAME

Highlands Animal Hospital

REFERRING VET

Dr. Tuckett

INVOICE

75202

DATE

5/16/26

PRESENTING CLINICAL SIGNS

4/6 sternal systolic murmur. Remainder of exam within normal limits. Sonographer notes: patient showing no respiratory difficulty or signs of CHF on physical exam prior to sonogram. Patient sedated with 0.04ml butorphanol 10mg/ml in GV20 acupuncture location. Sedation adequate for sonogram. At the end of scan, patient began to open mouth breathe but suspected this to be from sedation wearing off and stress. Patient recovered in cage with no respiratory signs. Concern for right atrium diameter.

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	1.27	NM	0.39	1.3	0.27	44	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	1.91	1.52	1.18		NM	NM	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 enlarged with adequate 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 was not assessed, but the right pulmonary artery appears moderately distended, which may represent an outflow tract obstruction or pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

ULTRASONOGRAPHIC FINDINGS

- These findings identify a prominent right side in the setting of a dilated right pulmonary artery. At this time, the murmur will be considered functional in origin due to the absence of any documented flow disturbance on this study. However, there is concern for the presence of occult congenital disease.

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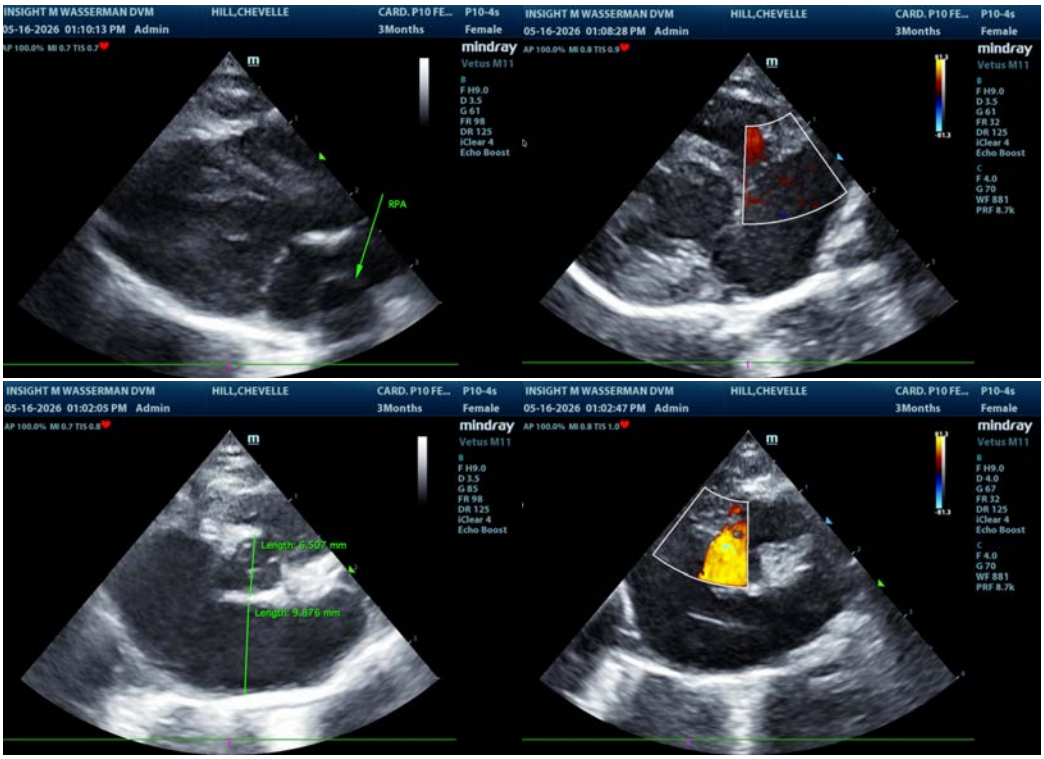
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. This patient should be referred to a veterinary cardiologist for further evaluation.

Anesthesia considerations:
Anesthesia is not recommended until further cardiac evaluation.

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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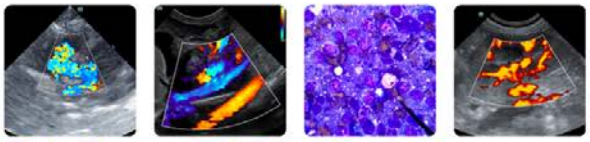

Clinical Sonography & Telecytology
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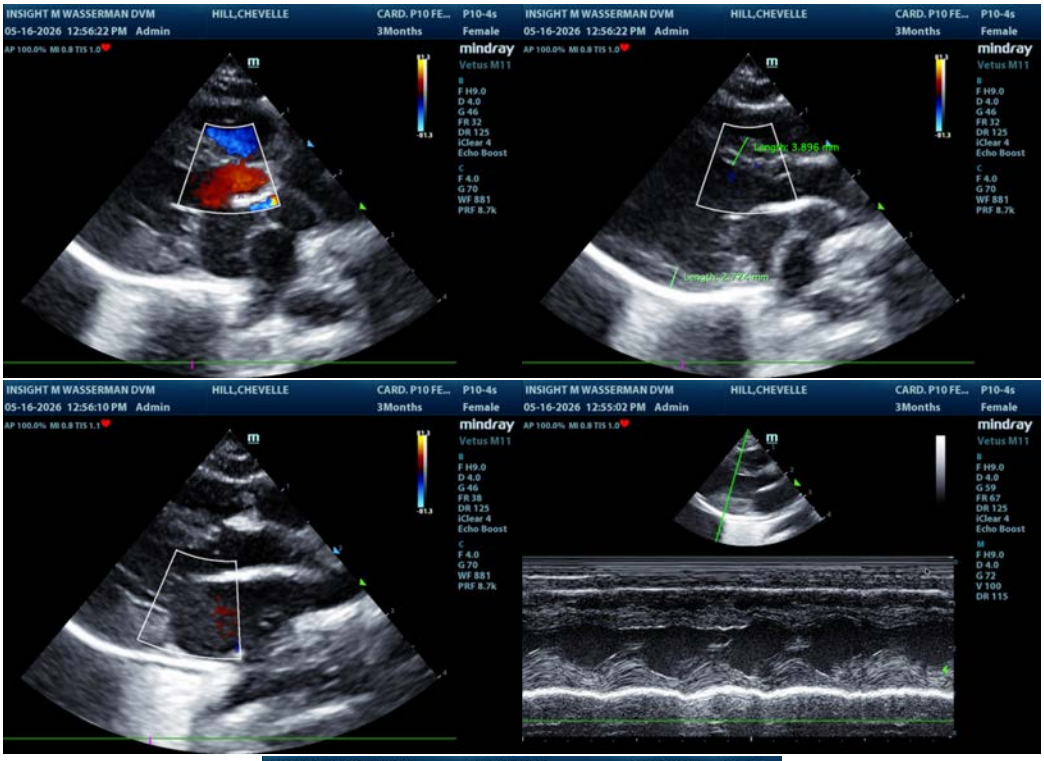

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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