



**DATE PRESENTING CLINICAL SIGNS**

5/18/26

**Patient History:** Eating and drinking enthusiastically - No prior history of constipation - Client reports abdominal distension - Observed repeatedly posturing to defecate without producing stool, including outside litter box - Still urinating normally - Occasionally regurgitates water after drinking too quickly (not new behavior) - One episode of water regurgitation this week - Weight stable between 8-10 pounds - History of pyometra and upper respiratory infection

**PATIENT**

Leliana Domagala

**SPECIES**

Feline

**Current Medications:** Cerenia, Ondansetron, Methadone.

**Labwork Results:** Labwork attached. Xray Abdomen 2 view- thickened intestines, some stool in colon.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Hydro/Midaz/Alfax.

**Stat Report:** Requested.

**BREED**

Ragdoll

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SEX**

Spayed Female

**AGE**

2/11/12

**WEIGHT**

10 lbs

**INTERPRETED BY**

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

**HOSPITAL NAME**

Animal Emergency Hospital

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	NM	0.59	1.09	0.46	59	88
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	1.30		1.1	0.8	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

**REFERRING VET**

Dr. Shannahan

**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 with borderline intraventricular septum hypertrophy, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. There is dropout in the perimenbranous intraventricular septum. 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 with mild tricuspid regurgitation. There is no evidence of systolic anterior mitral motion documented. The left ventricular outflow tract demonstrated turbulent flow and trace to mild aortic insufficiency. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of semilunar valve insufficiency. Pulmonary hypertension cannot be ruled out. There is no

**INVOICE**

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visible pericardial, pleural, or free peritoneal fluid noted.

### ULTRASONOGRAPHIC FINDINGS

- These findings identify a moderately sized ventricular septal defect (but an atrioventricular septal defect is not ruled out) with flow of unknown directionality. At least bidirectional flow is suspected, but a right to left shunt is also possible. The right sided chamber dilation suggests the potential for pulmonary hypertension, which would be the likely cause of the reversal of flow.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

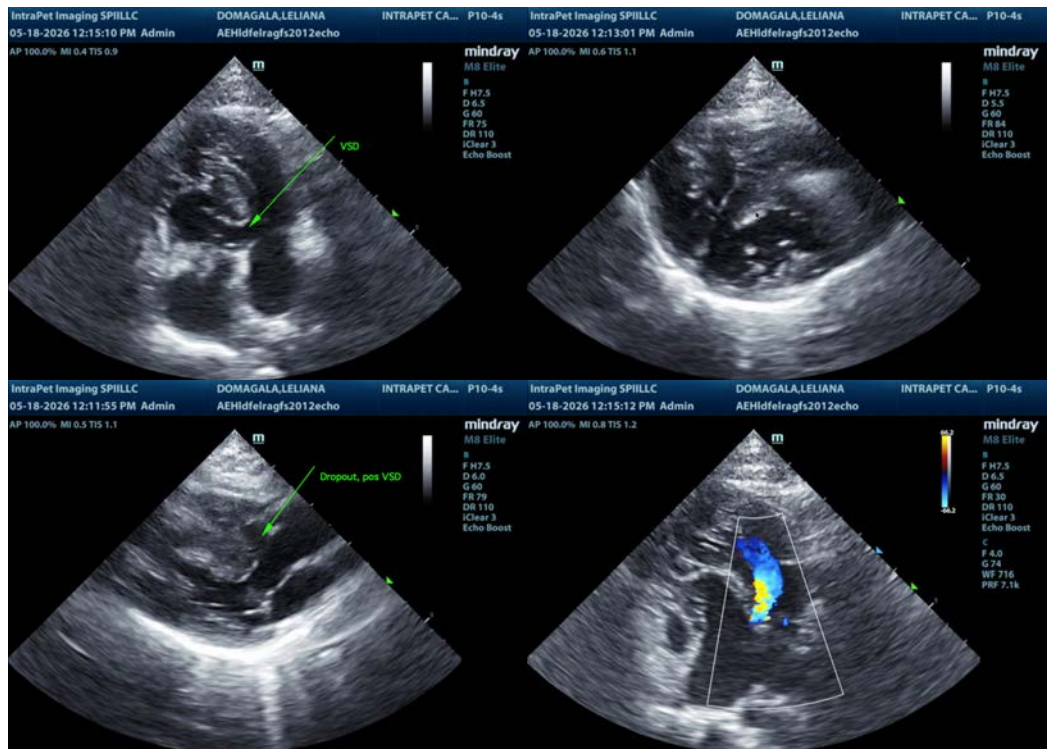
Seeing as the patient is asymptomatic, no cardiac therapy will be recommended at this time. Ultimately, referral to a veterinary cardiologist is recommended for complete evaluation and follow up. Prior to referral, anesthesia is not advised at this time.

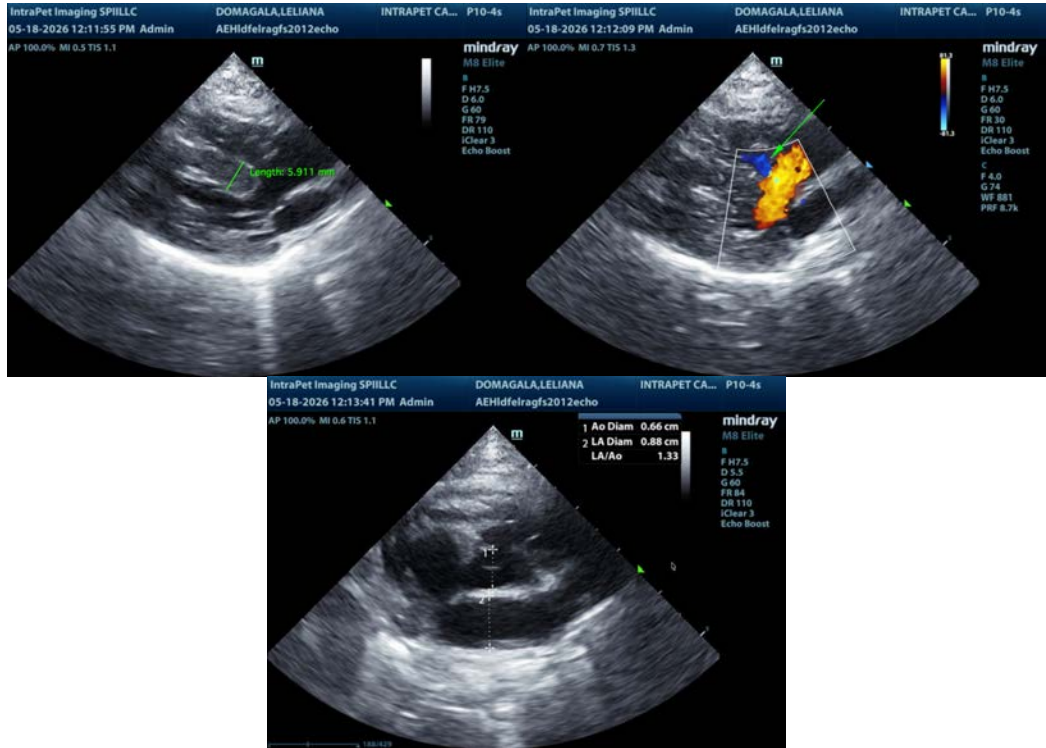
#### Diet:

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

#### Activity:

Avoid strenuous activity.





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)**  
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