

PATIENT

Butter Landfield

SPECIES

Feline

BREED

Feline

SEX

Neutered Male

AGE

06/28/18

WEIGHT

5.4 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Sovyk

INVOICE

16497

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Decreased appetite x 2 weeks; client notes other cat appears to be eating Buddy's portion. Lethargy x 1 week. Weight loss suspected (client reports other cat gaining weight, assumes Buddy losing weight). History of food allergies since adoption from shelter. Chronic intermittent vomiting and diarrhea (not abnormal for this patient). Chronic ocular discharge since adoption. Intermittent retching without vomiting (approximately every 2-3 weeks)

Abnormal PE/Chem/CBC/UA Results: Mild 2/6 heart murmur Working diagnosis - Mild heart murmur (new finding) - r/o stress-related (physiologic), early cardiac disease, others - Decreased appetite and weight loss - r/o dental pain, kidney disease, liver disease, hyperthyroidism, gastrointestinal disease (IBD, GI lymphoma), neoplasia, others MCV 57.5 35.9 - 53.1 fL HIGH RETIC 0.6 3.0 - 50.0 K/ μ L LOW GLOB 5.8 2.8 - 5.1 g/dL HIGH BP- 1: 125/89 (101) 2: 138/86 (121) 3: 119/86 (102)

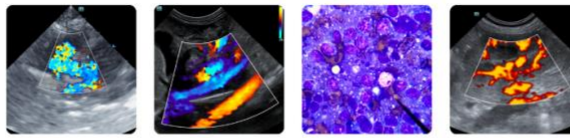
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.4	NM	0.43	1.67	0.43	57	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	1.38	1.4		1.0	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							

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 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. No pulmonary infiltrate is noted on thoracic radiographs.

ECC



PATIENT

Butter Landfield

A 6 lead ECG at a paper speed of 50mm/s with significant baseline artifact is available for review. The underlying rhythm is regular with an average heart rate of 130bpm. There are no identifiable P waves noted. The QRS complexes are prolonged (>40ms).

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin. The regular rhythm with prolonged QRS complexes may represent a bundle branch block or atrioventricular block (3rd degree). The absence of any identifiable P waves may be a result of the baseline artifact; however a sinus arrest or atrial standstill cannot be excluded.

BREED

Feline

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended at this time. Complete blood work (especially electrolytes) is recommended. If no other cause of the relative bradycardia is identified, a referral to a veterinary cardiologist is recommended. Alternatively, a repeated ECG with paper speeds of both 25 and 50mm/s may also help with further diagnosis. In the absence of clinical signs, therapy for the rate/rhythm will not be recommended at this time.

AGE

06/28/18

Anesthesia considerations:

WEIGHT

5.4 kg

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.

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

Activity:

No special considerations are necessary.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

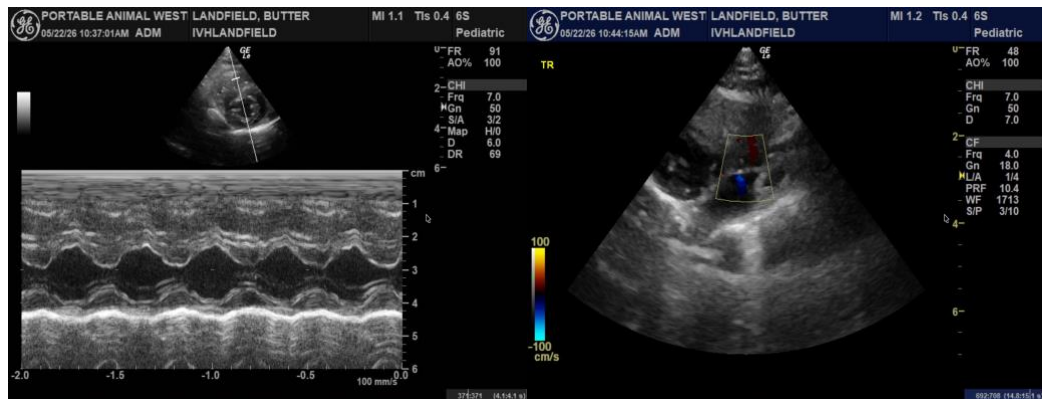
Dr. Sovyk

INVOICE

16497

DATE

05/22/26



Imaging performed by



Parade Animal Wellness Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectylogy
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Butter Landfield

SPECIES

Feline

BREED

Feline

SEX

Neutered Male

AGE

06/28/18

WEIGHT

5.4 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

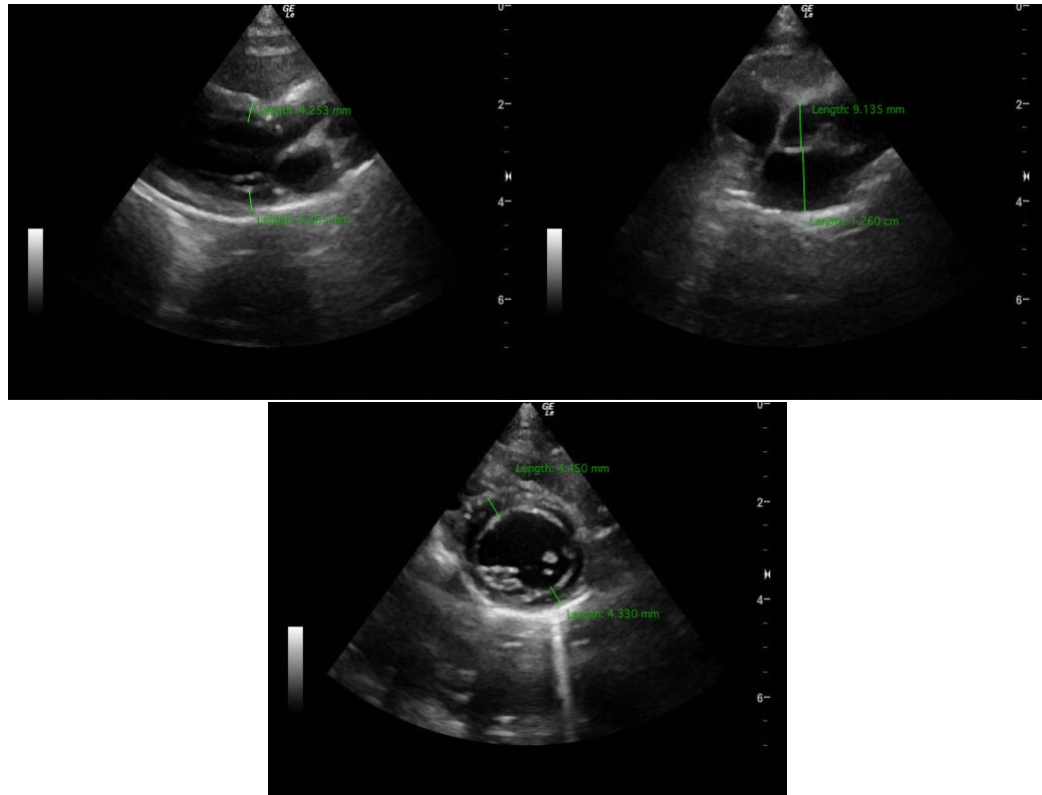
Dr. Sovyk

INVOICE

16497

DATE

05/22/26



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