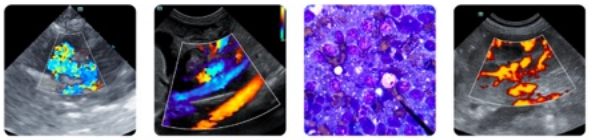

PATIENT

Neptune Flaws

SPECIES

Feline

BREED

Sphinx

SEX

Intact male

AGE

11 weeks

WEIGHT

2.38 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kara Wallisch

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Wallisch

INVOICE

78003

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Heart murmur detected on health check. P is asymptomatic. Not on medications. E/d/u/d wnl. Normal energy, BAR. Appears to have appropriate growth/development.
Abnormal PE/Chem/CBC/UA Results: PE: 3/6 holosystolic murmur (borderline continuous murmur); palpable thrill

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in long axis, but moderately enlarged in short. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is mildly enlarged with normal wall thickness, and no evidence of restriction. Left ventricular systolic function is marginally reduced. 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 without overt 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, turbulent flow in the distal main pulmonary artery, 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	1.08	NM	0.36	1.82	0.44	32	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	1.81	1.6		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

ULTRASONOGRAPHIC FINDINGS

These findings identify a prominent left side with concern for a left to right congenital shunt. The definitive source of the shunt cannot be determined based on this study, but a patent ductus arteriosus or ventricular septal defect is suspected. There is concern for a continuous flow on spectral doppler imaging, but the location/source of the flow is not identifiable.

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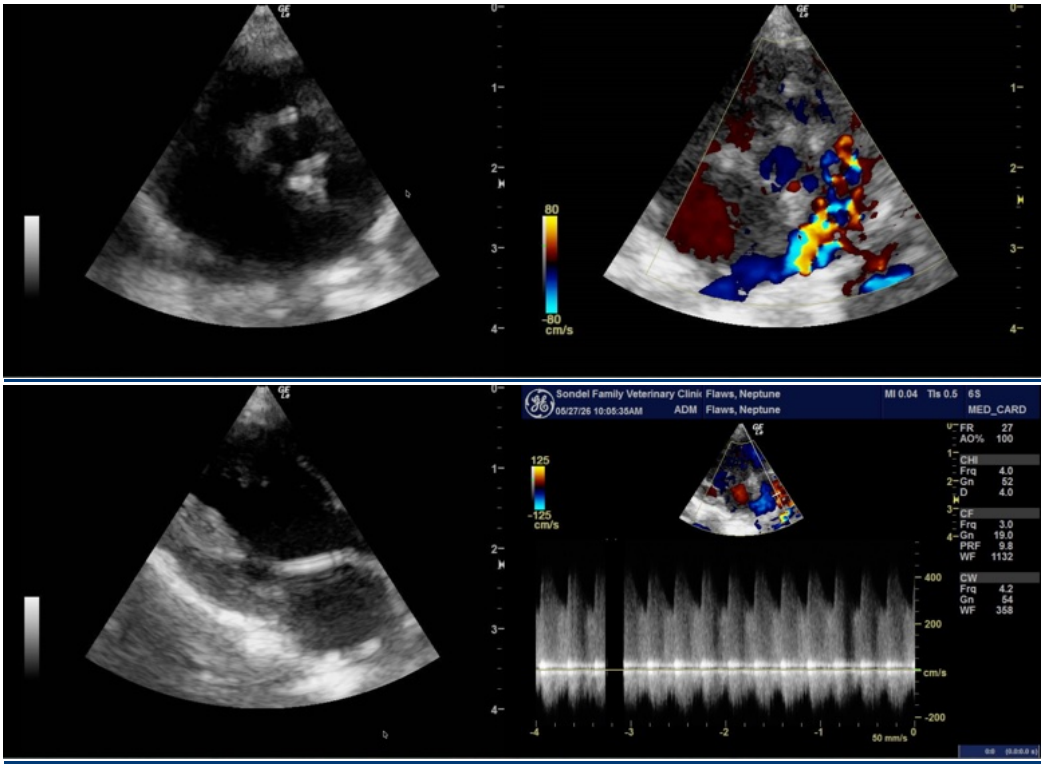
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, a repeat evaluation is recommended to identify the source of the shunt and etiology of the left atrial and ventricular dilation. Ideally, referral to a veterinary cardiologist should be recommended, both for imaging as well as long term management.

Anesthesia considerations:
Anesthesia should not be considered until a repeat evaluation is performed.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com