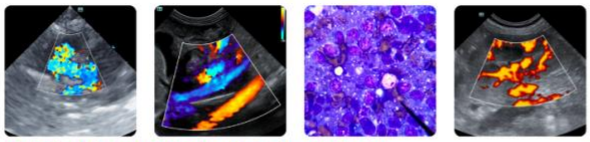


PATIENT

Missy Wilbur

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Razia Sultana, DVM

INVOICE

16572

DATE

05/28/26

PRESENTING CLINICAL SIGNS

Heart murmur and inguinal hernia. No sedation-Relevant Medical History and Physical Exam Findings: Recent inappropriate elimination: urination and defecation on carpet over past few months. Previous report of "large heart"

Recent Diagnostics: Relevant Laboratory Results / Abnormalities: RBC 4.45 M/µL 6.5 11.53 Hematocrit 22.6 % 31 51 Hemoglobin 8.3 g/dL 10.6 16.7 MCV 51 fL 38 53 MCH 18.7 pg 12.3 17.3 MCHC 36.7 g/dL 29.1 35.7 RDW 15.9 % 10 26 Test Results Unit Lowest Value Highest Value Qualifier Glucose 79 mg/dL 72 175 IDEXX SDMA 16 µg/dL 14 SDMA is increased and creatinine is within the reference interval: likely impaired GFR and kidney function. Recommended next step: evaluate complete urinalysis. For information on recommended actions visit: www.idexx.com/sdmaalgorithm. Show Less Creatinine 1.5 mg/dL 0.9 2.3 BUN 61 mg/dL 16 37 Mountain View Animal View Animal Hospital and Holistic Pet Care Current medications (include full name, dosage, and frequency):

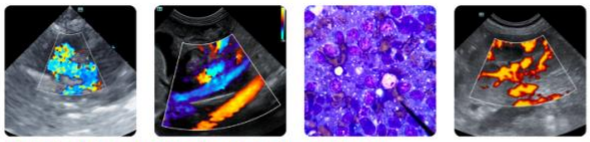
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	2.27	200	0.48	0.87	0.47	24	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	1.24	NM		NM	1.0	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 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 assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no



PATIENT

Missy Wilbur

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Razia Sultana, DVM

INVOICE

16572

DATE

05/28/26

evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted. There is no overt pulmonary pathology noted on thoracic radiographs.

ECG

The underlying rhythm is sinus in origin with an average rate of 200bpm. The R-R intervals are regular, with a uniform P-R interval that is within normal limits. There are occasional premature complexes with a wide QRS (>40ms), consistent with a ventricular origin. There are no ventricular couplets or runs of tachycardia documented. There is no evidence of atrioventricular block or atrial ectopy documented.

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin. A left axis deviation is noted. This could represent normal patient variation or indicate left heart enlargement. A ventricular arrhythmia is noted. In cats, ventricular arrhythmias are usually secondary to underlying structural heart disease. Causes include cardiomyopathy (e.g., hypertrophic, restrictive, arrhythmogenic, dilated) or secondary myocardial disease (e.g., hyperthyroidism, hypertension). Rarely, ventricular arrhythmias develop secondary to extracardiac conditions (e.g., neurologic disease, metabolic disease, fever, anemia, trauma, GI disease, DIC and sepsis).

INTERPRETATION OF THE FINDINGS & FURTHER 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.

PATIENT

Missy Wilbur

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

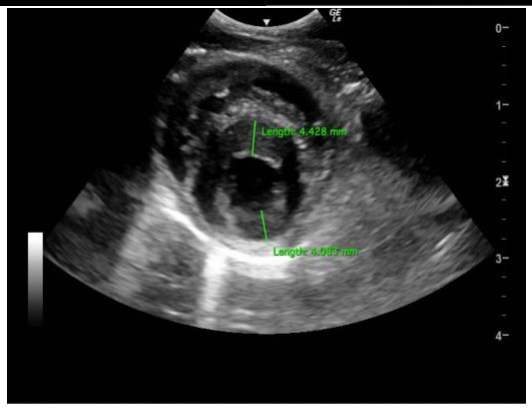
Razia Sultana, DVM

INVOICE

16572

DATE

05/28/26



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.

Dr. Name

info@SonoPath.com