

PATIENT

Sylvester Kehl

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years 7 months

WEIGHT

7.4 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Truckee Meadows
Veterinary Hospital

REFERRING VET

Dr. Rachel Kuester

INVOICE

12092

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Patient does not have a heart murmur, no indication of cardiomegaly on radiographs obtained at pDVM in 9/2025, but owner is worried that px has heart disease. Episodes that O describes seem more in line with asthma or chronic bronchitis. Rad report findings noted in pDVM records indicate "Mild bronchointerstitial pattern noted, cardiac silhouette WNL." But O would like to proceed with a cardiac evaluation to be sure.

Working diagnosis: suspect chronic bronchitis or feline asthma, cannot r/o occult heart disease.

Abnormal PE/Chem/CBC/UA Results: Abs 6/3/2026 Annual senior wellness panel SDMA 16.5 (<15) CREA 1.2 (0.6-2.4) BUN 26 (14-36) TRIG 279 (25-160) PSL 29 (8-26) CBC unremarkable T4 3.6 (0.8-4) UA: USG 1.043, 3+ protein, 3+ occult blood, RBC >50 UPC 0.7 (<0.5) RENAL TECH INCONCLUSIVE Fecal PCR - need sample.

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	7.4 kg	120	0.46	1.71	0.53	58	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	1.35	NM		1.2	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

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 evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

ECG



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There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 120bpm. The rhythm appears to be sinus in origin with narrow QRS complexes. There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a normal sinus rhythm.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin.

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:

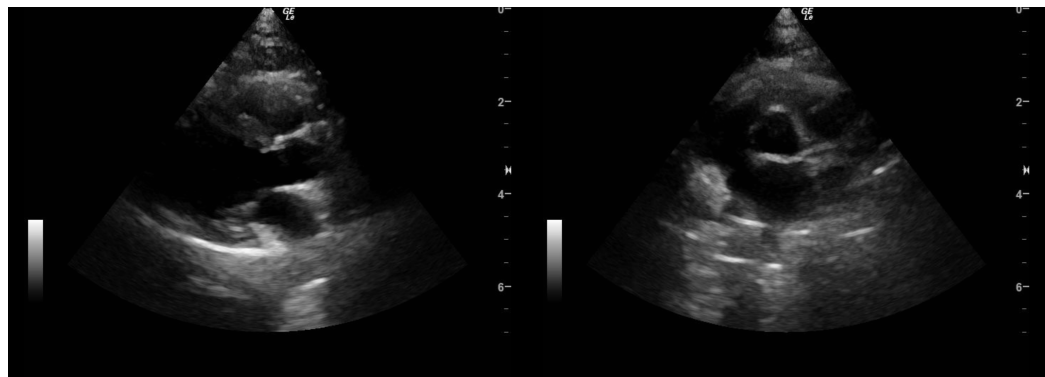
No special cardiac considerations are necessary

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.



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