

PATIENT

Baby Faulconer

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

7.3 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 DACVIM

HOSPITAL NAME

Central VH

REFERRING VET

Dr. Ott

INVOICE

73914

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Respiratory issues x 5 years - coughing/wheezing/nasal discharge - responded to Zyrtec but not steroids
- 7 lb weight loss in past few months
- Now, inappetant, lethargic, wobbly
- Glob's slightly elevated. Rest of CBC, chem NSF

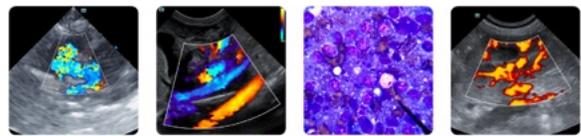
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is borderline to mildly enlarged There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is upper limits to mildly dilated with normal wall thickness, and no evidence of restriction. Left ventricular systolic function is adequate. 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 regurgitation. There is no evidence of systolic anterior mitral 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 semilunar valve insufficiency or pulmonary hypertension documented. There is scant pericardial effusion identified on ultrasound. Mild pleural fluid is noted on thoracic radiographs.

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	3.32 kg	NM	0.43	1.72	0.46	62	93
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	1.34	1.48	1.9		NM	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							

ULTRASONOGRAPHIC FINDINGS

These findings identify significant atrial dilation in the absence of any LV hypertrophy or outflow tract obstruction. With the history of corticosteroid administration, this may represent a volume load, and thus iatrogenic fluid overload. In the absence of additional iatrogenic (fluids/steroid) or intrinsic (hyperthyroidism or severe anemia) factors that could represent a volume load, the findings may also



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represent the myocardial form of restrictive cardiomyopathy (RCM, previously considered UCM). The degree of atrial dilation makes CHF/fluid overload a likely explanation for the clinical/radiographic signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for CHF is recommended, to include Lasix (2mg/kg BID), enalapril (0.5mg/kg q24, assuming normal BP and kidney function), and Vetmedin (0.25-0.35mg/kg BID). A therapeutic thoracocentesis may be indicated depending on the volume of pleural effusion. A repeat chest X-rays, chemistry, and BP is recommended prior to discharge, and again in 1-2 weeks. Barring any setbacks or complications, a repeat echo/rads will be recommended in 3-6 months.

Anesthesia considerations:

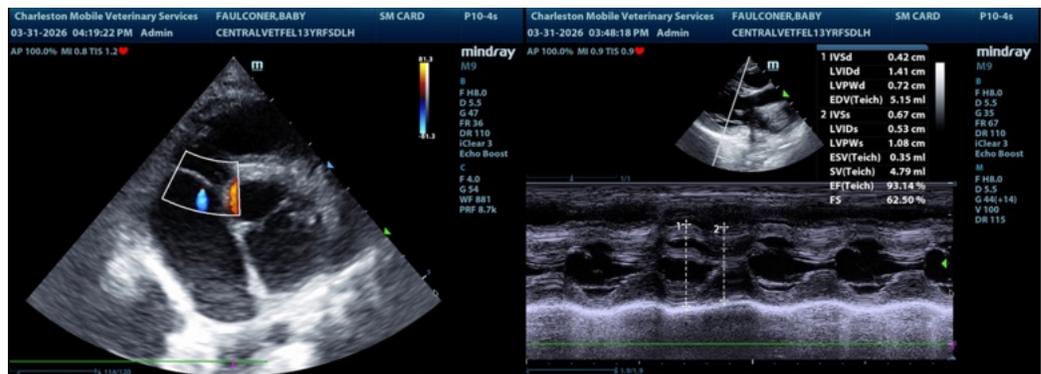
Anesthesia should be avoided until signs of congestion have resolved. If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Anesthetic IV fluid use should be limited to < 3 ml/kg/hr and, if IV fluid therapy is administered during the procedure, a 1 mg/kg dose of IM Lasix should be administered when the patient is awake and standing in recovery. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

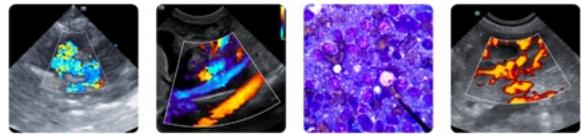
Diet:

A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition with mild dietary sodium restriction (< 100 mg/100 kcal) is recommended. Consider omega-3 fatty acid supplementation.

Activity:

Avoid strenuous activity.





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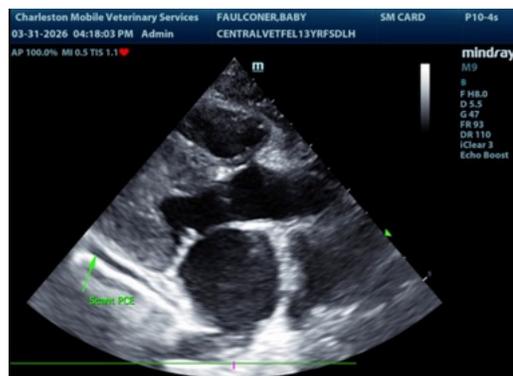
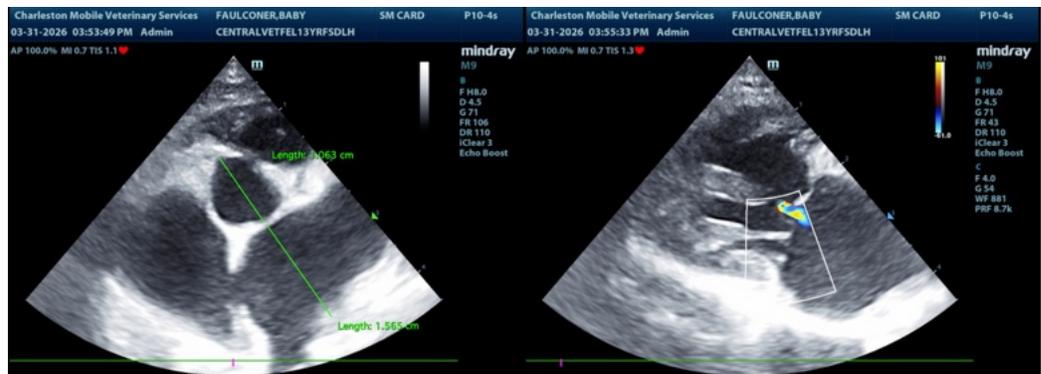
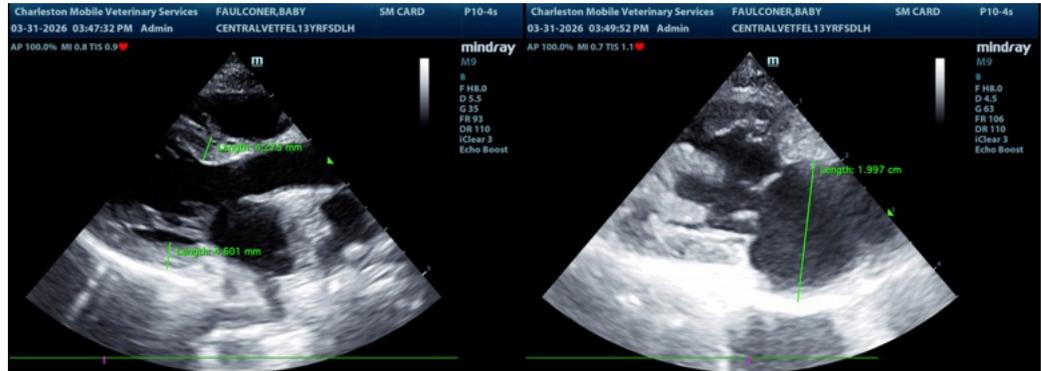
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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