



PATIENT

Pirate Mellen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

8.8 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Daroon

INVOICE

75323

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Abnormal proBNP, respiratory distress. History of asthma, long-term prednisolone use. Discontinued steroids. Pericardial effusion on T fast.
 Abnormal PE/Chem/CBC/UA Results: Na

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 (however scant PCE cannot be completely excluded).

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	4.0 kg	205	0.43	1.28	0.48	34	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	1.43	1.41	1.54		0.7	1.2	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 are consistent with an essentially normal echocardiogram. There is no significant chamber dilation to support congestive heart failure as a cause of the respiratory distress. The presence of an elevated BNP is often associated with underlying heart disease, but can be seen in animals without heart disease. Any murmur auscultated will be considered functional in origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended at this time. Thoracic radiographs are recommended. If the appearance of the thoracic radiographs is discordant with the interpretation of the echocardiogram, please contact me. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment.



PATIENT

Pirate Mellen

Anesthesia considerations:
 No special cardiac considerations are necessary

SPECIES

Feline

Diet:
 No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

BREED

Domestic Shorthair

Activity:
 No special considerations are necessary.

SEX

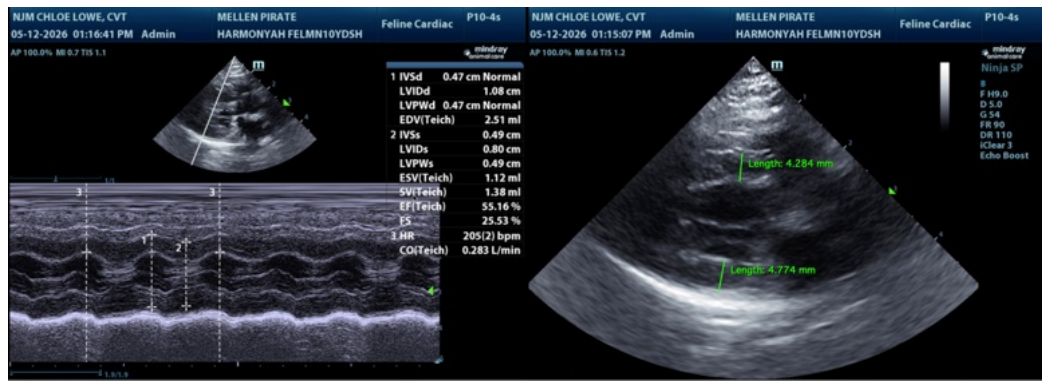
Neutered male

AGE

10 years

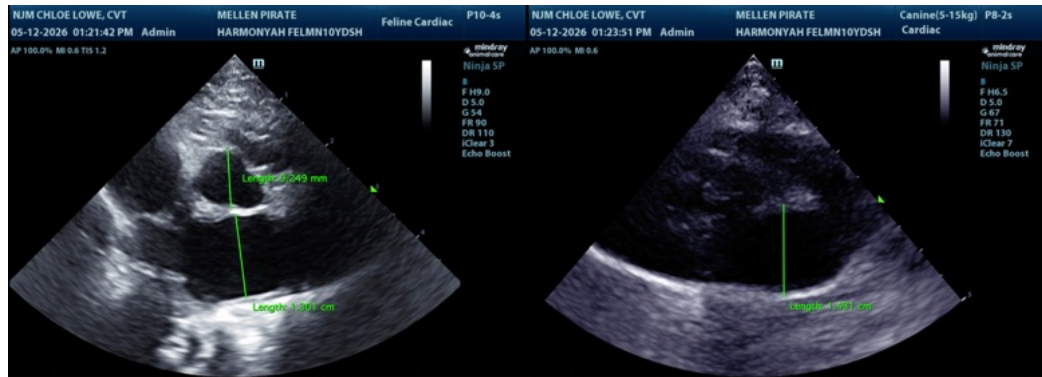
WEIGHT

8.8 lbs



INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)



IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Daroon

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.

INVOICE

75323

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.

DATE

5/11/26

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com