



PATIENT

Ozzy Ward

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

9.02 pounds

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr. Angstrom

INVOICE

12264

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: *BCS: 4/9, QAR. Skin tent moderately delayed. *Soft swelling below OD lower eyelid, no signs of external mass. Prev. noted concern for diabetic cataract formation - OU dilated, absent pupillary response OU, decreased menace, unable to visualize fundus well - persistently unclear, no obvious retinal hemorrhages, concern for lens luxation but unable to confirm. *Hx of ear infections. AU moderate brown ceruminous debris, stenotic canals, pruritic. *R mandibular LN palpates slightly enlarged. *Mild gallop rhythm, otherwise normal heart rate, no arrhythmias on auscultation *Hx of DM, pancreatitis, IBD, kidney disease. **ABNORMAL Labwork Values** CBC: RBC 4.48, Hematocrit 17.7, Hemoglobin 5.4, MCH 12.1, Reticulocyte Hemoglobin 14.2, WBC 21.7, Neutrophils 20.051, Lymphocytes 0.629, Monocytes 0.825, Eosinophils 0.195 Chemistry: IDEXX SDMA 23, Creatinine 3.3, BUN 63, Amylase 2,246, Cardiopet proBNP 1,352 For ECHO Only: Blood Pressure 160mmHg, 166mmHg HR/RR/BP: 200 Is there a Heart Murmur? If so, please grade. No Current Medications Subcutaneous Fluids + KCL 150mLs EOD, Tobramycin 1-2 drops OD TID, Maropitant 8mg PO SID, Vitamin B-12 injxn q2-4wks, Amlodipine 0.625mg PO SID, Ursodiol 62.5mg PO SID, Budesonide 1mg SID

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	4.1	200	4.6 mm	--	4.8 mm	59.38	90.77
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	1.7	1.32	13.8 mm		1.5	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							

Cardiac Presentation

The mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular internal dimensions in systole and diastole are within normal limits. There is no evidence of left ventricular concentric hypertrophy based off the images provided. There is normal right atrial size without evidence of tricuspid regurgitation. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.



PATIENT

Ozzy Ward

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

9.02 pounds

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr. Angstrom

INVOICE

12264

DATE

11/14/25

EKG

Based off the overall EKG, the overall rhythm is regular. It is a 6 lead EKG. The heart rate averages at 196 beats per minute. There is a P wave for every QRS and a QRS for every P. This patient's electrocardiogram diagnosis is normal sinus rhythm. The mean electrical axis is positive 60%.

ULTRASONOGRAPHIC FINDINGS

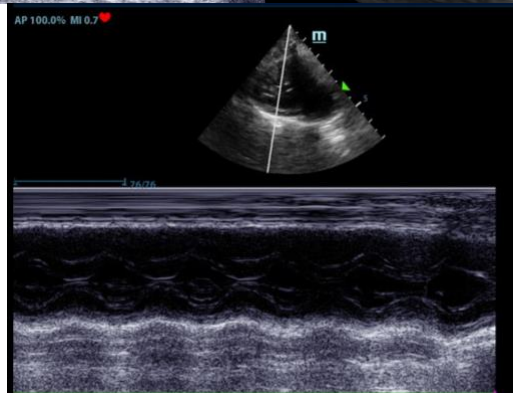
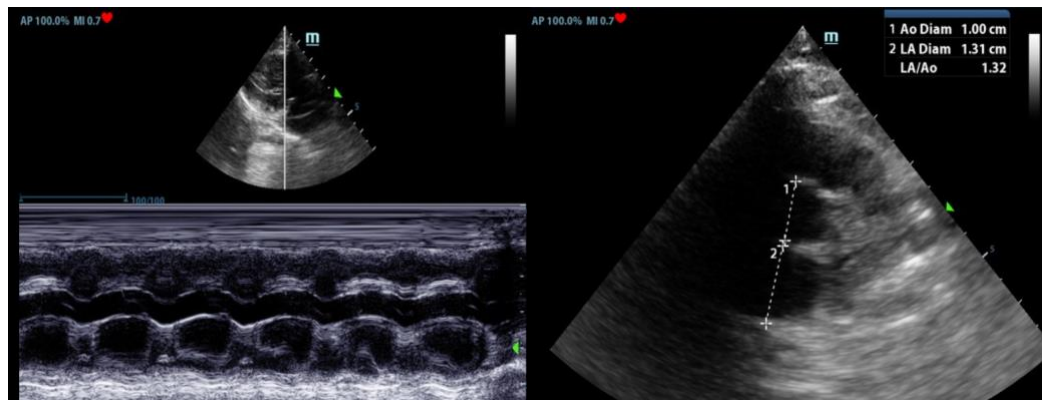
- Based off of the echocardiogram and the electrocardiogram, this patient does not have evidence of cardiac disease, therefore it is a clinically healthy cardiac structure/function.

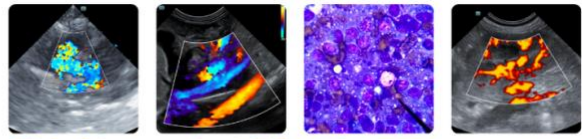
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are indicated at this time. Elevations of proBNP, aside from cardiac disease, can also be caused by significant azotemia, systemic hypertension as well as hyperthyroidism. Given this patient's history of significant azotemia, this is likely the cause of its elevation of proBNP.

A thyroid panel should be performed to ensure that this patient is euthyroid. No cardiac rechecks are warranted at this point in time given the lack of significant cardiac disease. A recheck examination should be performed if the patient develops cardiovascular clinical signs such as increased resting respiratory rate, an arrhythmia or a heart murmur.

In terms of cardiac safety for anesthesia, this patient is at very low risk for cardiac complications during anesthesia. Activity restriction is not necessary for this particular patient.





PATIENT

Ozzy Ward

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

9.02 pounds

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr. Angstrom

INVOICE

12264

DATE

11/14/25

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.

Camden Rouben DVM, DACVIM (Cardiology)

info@SonoPath.com