



PATIENT

Clyde Cuiskelly

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

9.5

WEIGHT

12.5

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Sharkawy

INVOICE

13484

DATE

01/31/26

PRESENTING CLINICAL SIGNS

- Panting
- Abdominal breathing

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 4-5/6

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	12.5	NM	0.51	2.1	0.54	35	68
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	--	2.6	2.5		--	--	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 echocardiogram in this patient demonstrated severe increased **left atrial** size based on 2 separate LA measurements. Evidence of early spontaneous contrast without foreign thrombus in LA lumen. The cranial and caudal **mitral** valve leaflets presented mild thickening with eccentric MR on doppler. The **left ventricular** septum and free wall revealed normal thicknesses, adequate contractility and mild increased left ventricular volume, yet some echogenic remodeling of the septum and free wall were noted consistent with some level of **fibrosis**. Mild prominent remodeled papillary muscles. The **right atrium** and auricle revealed normal to borderline increased size and normal content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was enlarged in size with normal chordae structure, myocardial echogenicity and thickness. No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum** and **pericardial** regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Severe LA enlargement with early spontaneous contrast.
- Normal to borderline increased right atrial dimension.
- Increased LV dimension with myocardial remodeling/fibrosis.



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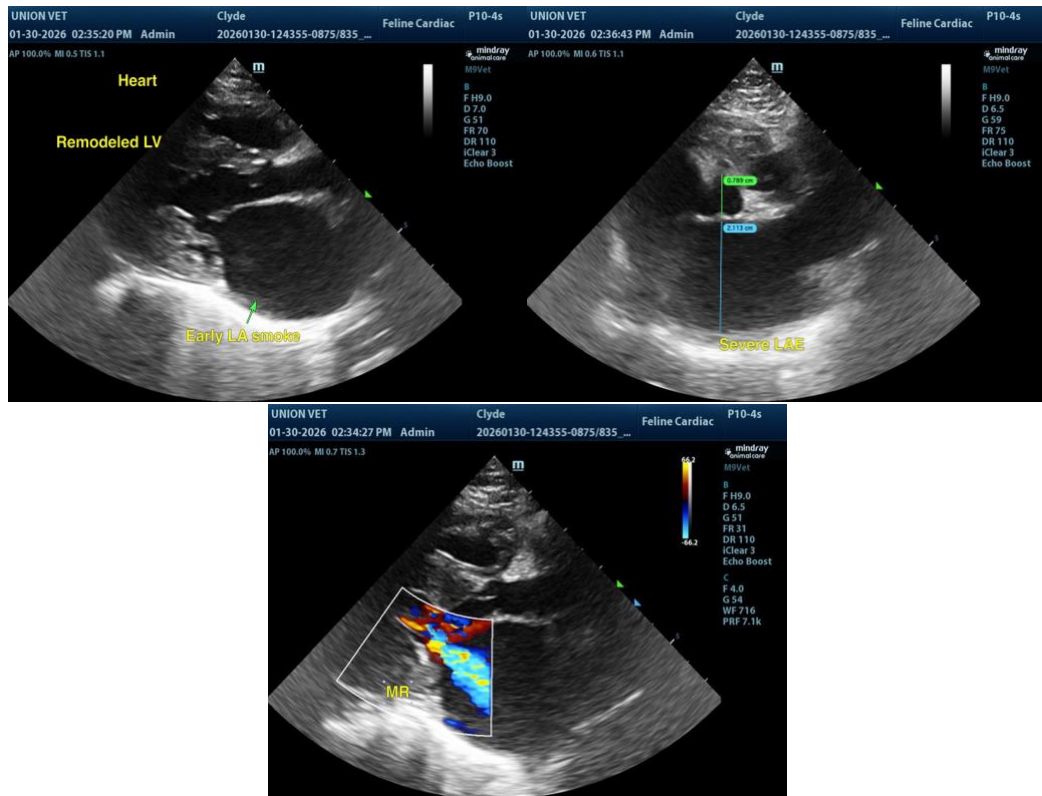
01/31/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of non-thickened left ventricle wall with severe LA enlargement may suggest unclassified or restrictive cardiomyopathy, although burnout or end-stage HCM can present in this manner. Regardless of classification, the severe LA enlargement confirms the diagnosis of congestive heart failure.

Long-term prognosis is likely poor. Continuing hospitalization with injectable LASIX and respiratory support in an attempt to stabilize patient. If stabilization is achieved, LASIX 1.0 to 2.0 mg/kg PO BID, Clopidogrel 75 milligram TAB, one quarter TAB PO SID of Pimobendan 1.25 mg PO BID is recommended.

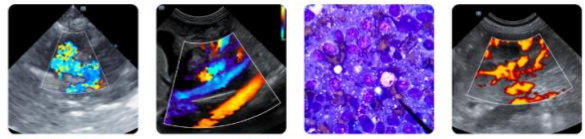
Monitoring of renal parameters, systemic BP and ECG are indicated. Even with stabilization or medical therapy, this patient will remain at severely increased risk for progressive CHF, malignant arrhythmia, thrombotic event, or sudden death.



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)



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info@SonoPath.com

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