

PATIENT

Cutie Sorenson

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 yrs

WEIGHT

9.5 lbs

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Sarah Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Heider

INVOICE

12830

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Weight loss over the last few months. Not wanting to eat as much. CBC wnl thoracic rads showed mass in right thoracic area.

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	--	NM	0.48	1.45	0.42	50	82
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	--	1.4	1.4		1.0	0.85	--

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 normal **left atrial** size based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). 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. Solitary, indistinctly visualized, primarily homogeneous caudal right thoracopulmonary nodule was present potentially effacing the cranial aspect of the right lateral diaphragm primarily surrounding aerated lung and exhibiting symmetrical serosal contour. The nodule measured ~2.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram



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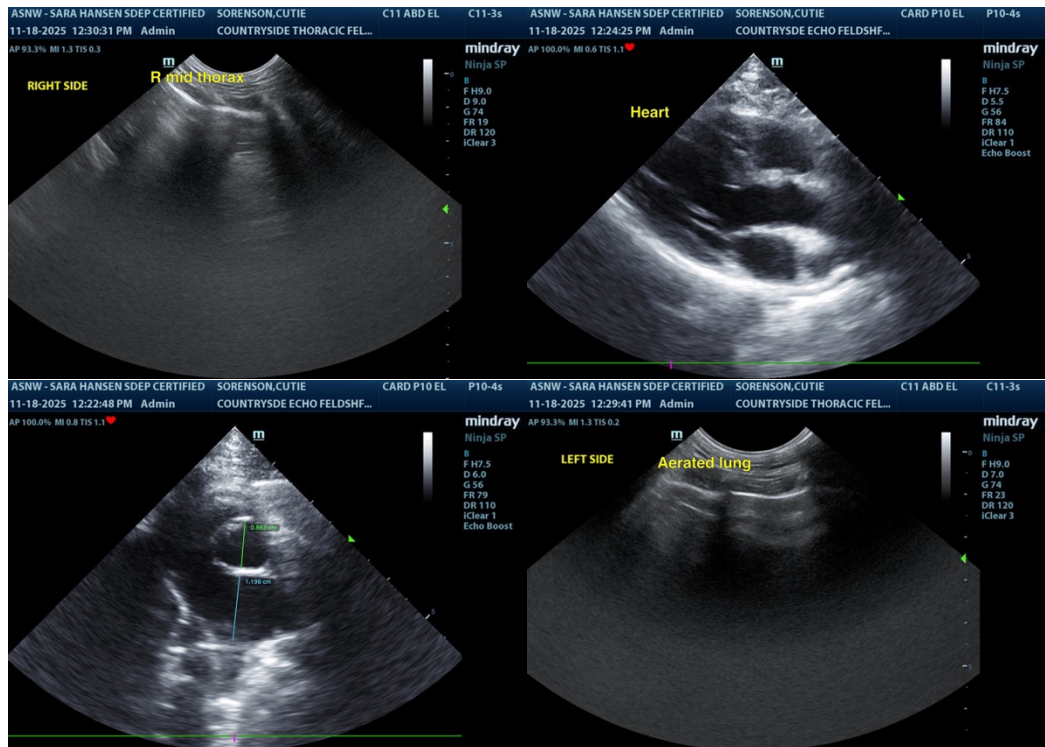
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- Solitary, indistinctly visualized subjective homogeneous right caudal thoracopulmonary nodule subjectively effacing cranial right diaphragm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudal right thoracopulmonary nodule is nonspecific with consideration including focal pulmonary consolidation, infection, inflammation, granuloma, consolidated abscess or a possible emerging tumor. Given the location and depth of the nodule, an ultrasound guided FNA cytology appears to be precluded. CT would be ideal, if possible, for further assessment. Radiographic and sonographic monitoring of the nodule for evidence of progression would be a more conservative approach. The thoracopulmonary nodule is of unclear clinical significance in regard to the patient's weight loss and inappetence. Correlation with lab work and abdominal ultrasound to assess for primary or concurrent pathology is recommended.





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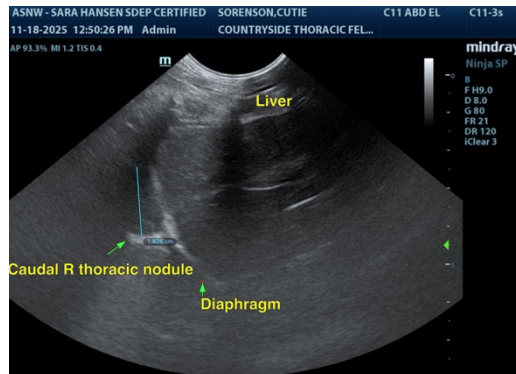
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com