



**PATIENT**

Cyruz Flores

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male

**AGE**

12yrs 11mos

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

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

**PRESENTING CLINICAL SIGNS**

History: Labored breathing, r/o pleural effusion, CHF, cardiomyopathy, neoplasia, moderate, generalized cardiomegaly, differentials include hypertrophic or cardiomyopathy, mild bronc pattern, alveolar pattern on right middle lung lobe suspect mild pleural effusion.

Abnormal PE/Chem/CBC/UA Results: WNL Gluc-153

**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  | --               | 220                       | 0.34                 | 1.95       | 0.46            | 38              | 70        |
| 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  | --               | 2.1                       | 2.2                  |            | --              | 0.95            | --        |
| Adapted from June Boon, Veterinary Echocardiography, 1998<br>Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705 |                  |                           |                      |            |                 |                 |           |

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Animal Paradise Hospital

**REFERRING VET**

Dr. Bravo

**INVOICE**

12378

**DATE**

11/19/25

**Cardiac Presentation**

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 2 separate LA measurements. No evidence of LA spontaneous contrast or thrombus. The cranial and caudal **mitral** valve leaflets presented mild thickening with normal kinetics. Mild eccentric MR noted on doppler. The **left ventricular** septum and free wall revealed normal thicknesses, adequate to subjective mild reduced contractility and mild increased left ventricular volume, yet some borderline increased LV volume with echogenic remodeling of the septum and free wall were noted consistent with some level of **myocardial fibrosis**. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed increased size and normal content. No evidence of masses was noted. Right atrial dimension measured 3.2 cm. **Tricuspid** valvular assessment demonstrated subjective mild thickening with normal kinetics. Mild TR noted on doppler. The **right ventricle** was mildly enlarged in size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity was noted. Scant to minor volume pericardial and free pleura fluid was noted. No overt cardiac tumors or cranial metastatic pericardial regional masses in the visible window. No evidence of hepatic congestion of cranial abdomen ascites.



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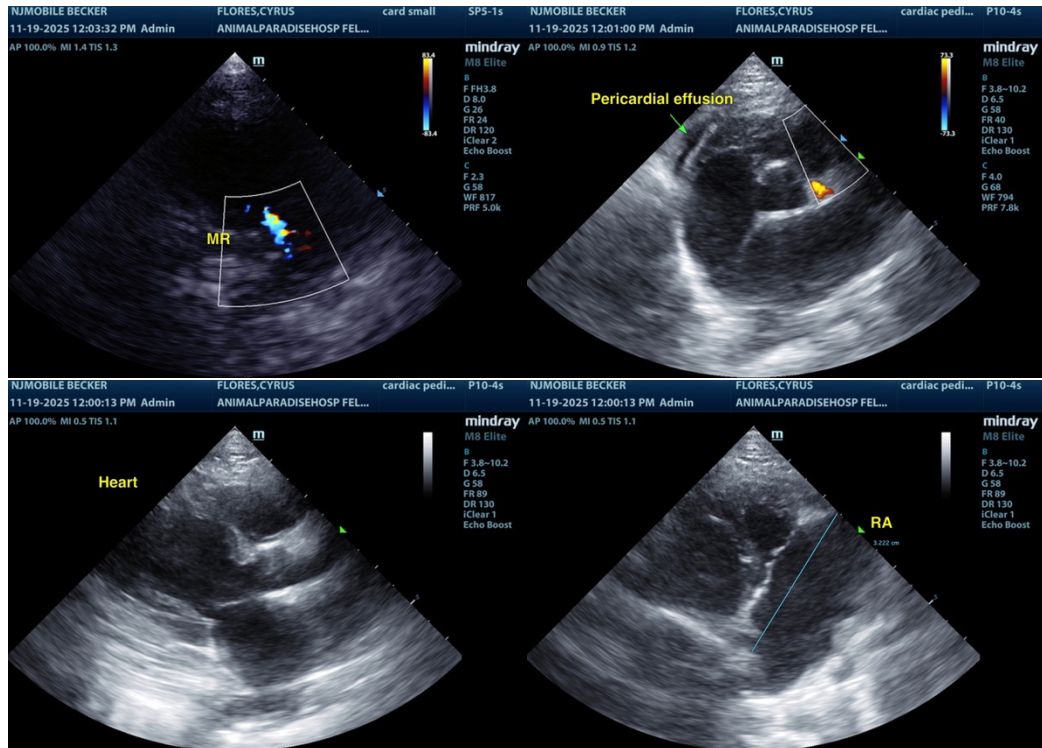
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**ULTRASONOGRAPHIC FINDINGS**

- Unclassified cardiomyopathy with LV remodeling
- Scant to minor pericardial/pleural effusion
- Mild MR/TR

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of bilateral enlargement with normal LV wall thickness is consistent with unclassified cardiomyopathy. Burnout or end-stage HCM can also have this appearance. Regardless, the degree of atrial dilation is consistent with CHF criteria. Correlation with effusion analysis cytology and +/- C/S to rule out multifactorial component to the effusion. Cardiac long-term prognosis is guarded. If patient is stable, Lasix 1-2 mg/kg PO BID, Clopidogrel 75 mg tab ¼ tab PO SID and Pimobendan 1.25 mg PO BID is recommended. Increased risk of progressive CHF, thrombotic even development of malignant arrhythmia and possible sudden death is elevated going forward. Monitoring of renal parameters and ideally systemic BP and ECG indicated. Recheck echo in 6 months, sooner if clinically indicated. Elective anesthesia is not advised.





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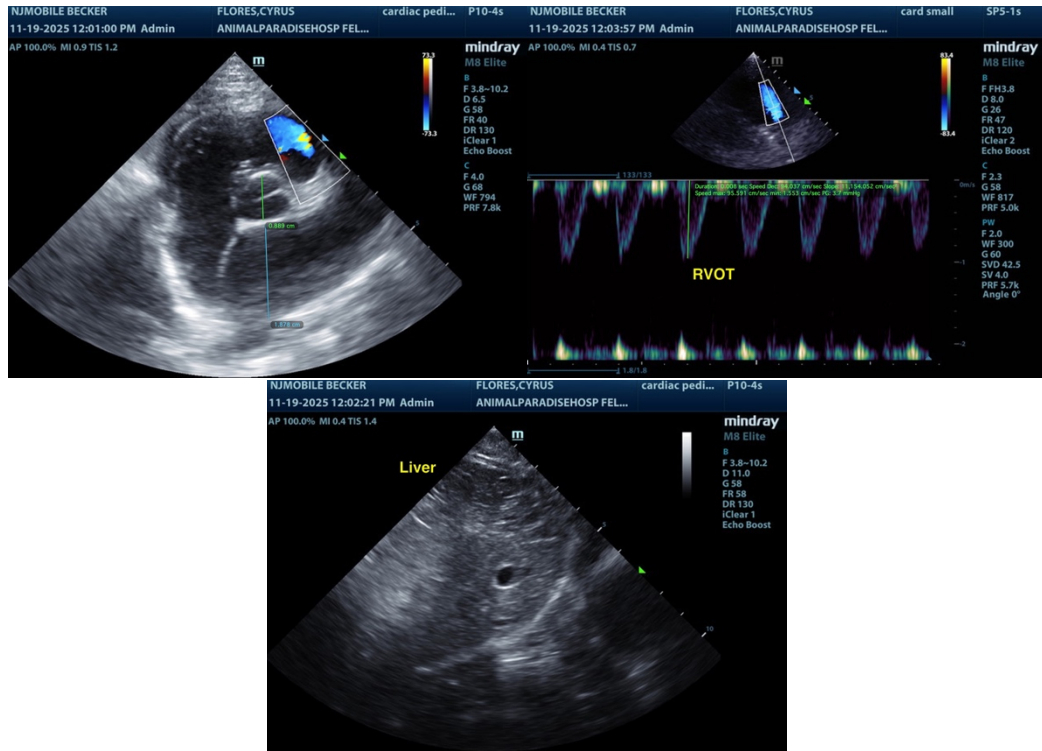
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)