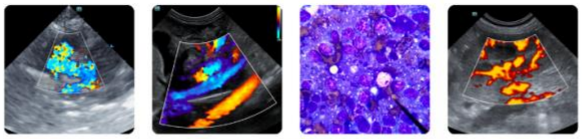

PATIENT

Sophie Powell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2013

WEIGHT

11.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Creekview Veterinary Hospital

REFERRING VET

Dr. Ballek

INVOICE

12333

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Chronic congestion, cough, wheeze, responsive to medical management, elevated proBNP

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	0.37	1.55	0.41	48	81
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	NM	1.3	1.2		1.0	0.7	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 normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No overt significant MR on doppler. The **left ventricle** presented normal free wall and septal thicknesses with linear to minor alinear contour. The **myocardium** presented some minor echogenic remodeling consistent with expected age-related change and potential minor LV fibrosis which does not appear to be a clinical issue at this point. **Contractility** of the ventricular walls was normal. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. Minor **pericardial** effusion of unknown etiology was noted. No evidence of free pleural fluid. The **mediastinum** and pericardial regions were free of masses in the visible window. Focal mild pericardial pulmonary comet tail artifact was present which is suggestive of pericardial alveolar/lung disease with considerations including favored chronic inflammatory disease i.e. asthma +/- microconsolidation, neoplasia, thromboembolic disease or other.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function with minor LV remodeling.
- Minor pericardial effusion- unknown etiology.

PATIENT

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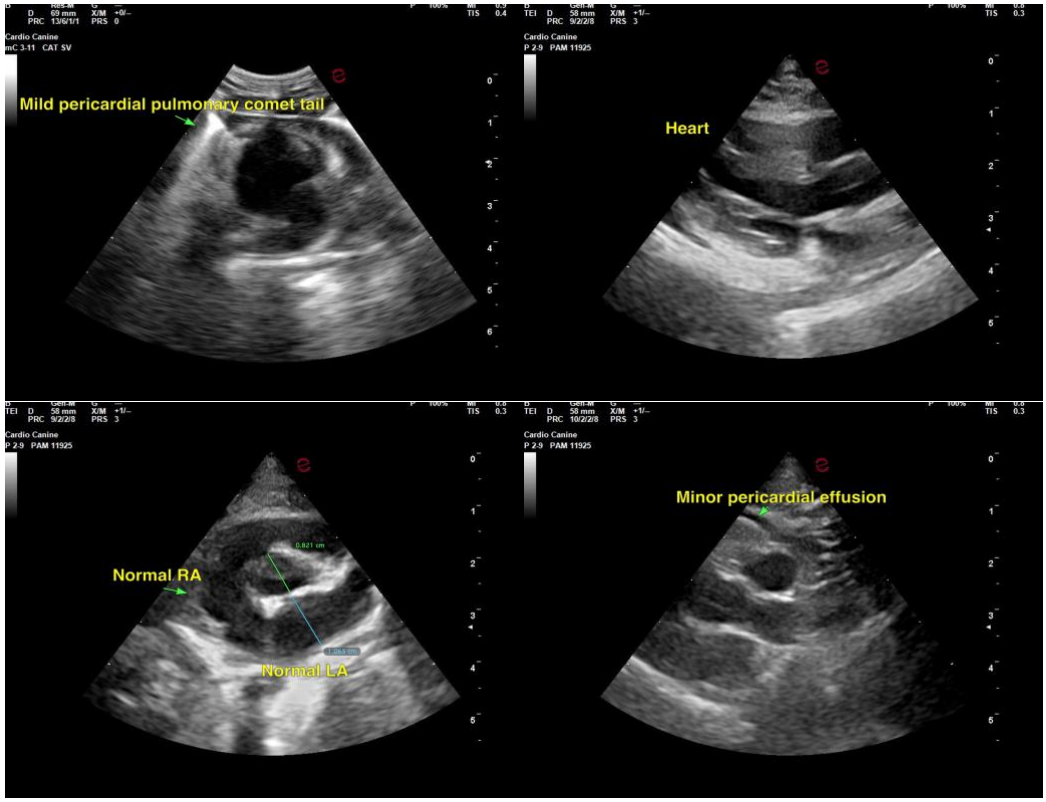
- Mild pericardial pulmonary comet tail artifact- suggestive of primary pulmonary/lower airway disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, HCM criteria or other structural cardiomyopathy or pulmonary hypertension. This indicates that the respiratory signs in this patient are noncardiogenic in origin. No indication for cardiac medications with respiratory support indicated. The minor pericardial effusion is of unknown etiology without evidence of cardiac neoplastic criteria. The pericardial effusion does not appear to be a clinical issue at this point without evidence of altered cardiac function. Sonographic monitoring of the minor pericardial effusion for evidence of progression with initial recheck in 2 weeks would be ideal or sooner if clinical signs arise.

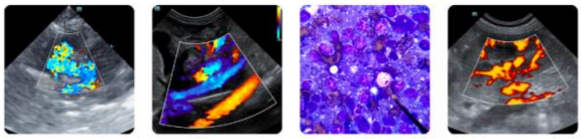


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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