



**PATIENT**

Yahiko Lozada

**PRESENTING CLINICAL SIGNS**

Neoplasia, cardiogenic, viral, others, severely distended abd. Fluid effect on abd bal

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 yrs, 7 mon

**WEIGHT**

12.3 lbs

**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		249	0.34	2.2	0.34	18	36
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		3.0	2.6		1.0	0.6	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							

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Animal Paradise Hospital

**REFERRING VET**

Dr. Bravo

**INVOICE**

10369

**DATE**

11/19/25

**Cardiac Presentation**

Significant LV dilation and increased sphericity were present with diminished systolic function. Normal LV wall thickness was noted with mild alinear contour and evidence of myocardial remodeling. The left atrium was severely enlarged. Potential early LA spontaneous contrast was noted. The mitral valve appeared mildly thickened with mild eccentric MR on Doppler. The tricuspid valve appeared mildly thickened with TR on Doppler (measured TR velocity 2.7 m/s). Significant right atrial and mild right ventricular dilation were present. The aortic valve was overtly normal with normal measured outflow velocity. The pulmonic valve was normal with mild decreased measured RVOT velocity. There is no obvious pericardial or pleural effusion. There are no overt cardiac tumors. Subjective tachycardia was noted. Evidence of hepatic congestion was noted on brief hepatic assessment.

**ULTRASONOGRAPHIC FINDINGS**

- Significant biatrial enlargement with evidence of early LA spontaneous contrast
- Enlarged LV with myocardial remodeling and diminished contractility
- Concurrent mild right ventricular enlargement
- MR/TR
- Subjective tachycardia with evidence of hepatic congestion



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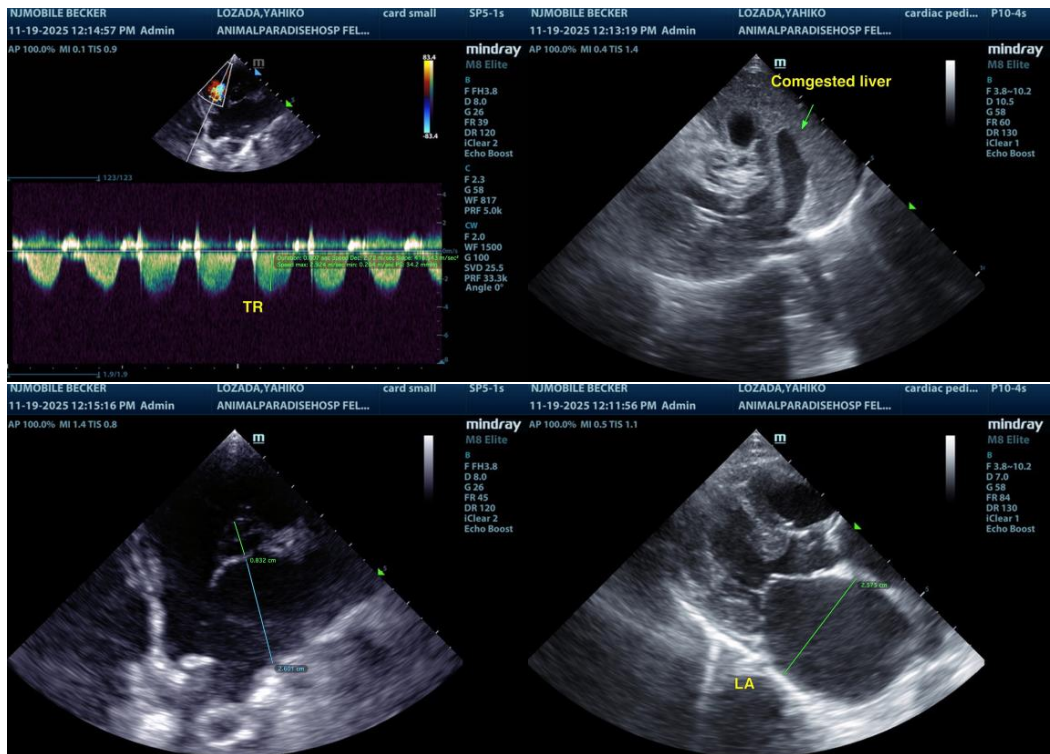
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, this patient has end-stage cardiomyopathy with considerations including end-stage unclassified or hypertrophic cardiomyopathy. Rule-outs may include grain-free boutique / exotic diet, myocarditis, or less likely cardiac neoplasia. The left heart enlargement predisposes to left-sided congestion, while the right heart enlargement and tachycardia predispose to right-heart congestion, as evidenced by hepatic congestion.

If the patient is unstable or tachypneic, 24-hour supportive care is indicated. Lasix 1.0-2.0 mg/kg PO BID, Plavix 75.0 mg tab (1/4 tab) PO SID, and Pimobendan 1.25 mg PO BID are recommended.

Long term prognosis is poor, as this patient will remain at increased risk for progressive CHF or pulmonary hypertension, development of blood clots, or possible sudden death. Elective anesthesia is not advised. Monitoring of systemic BP, renal parameters, and ECG, along with echocardiographic monitoring pending clinical response to medical therapy, is recommended.





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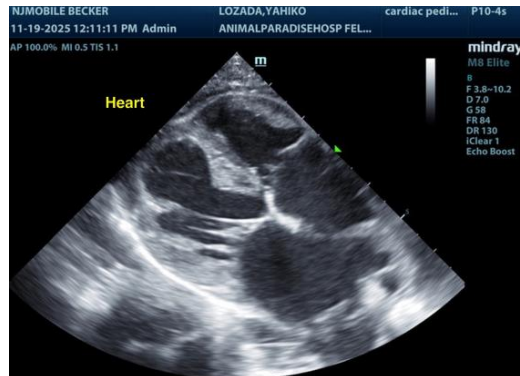
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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