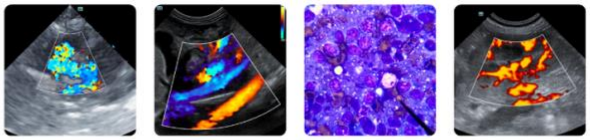

PATIENT

Luna Vasiltsova

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

10

WEIGHT

5.5

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet Animal Hospital

REFERRING VET

Dr. Bassim

INVOICE

12434

DATE

11/23/25

PRESENTING CLINICAL SIGNS

Heavy breathing Lethargy

Abnormal PE/Chem/CBC/UA Results: Pleural effusion Thoracocentesis- 150 ml BW- wnl TT4- 1

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	0.56	1.1	0.50	45	78
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	1.0	1.1		1.0	0.95	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** dimension 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 current free pleura fluid was noted. Possible atypical consolidated to pathologic pericardial pulmonary tissue although, a definitive pericardial or mediastinal mass was not overtly evident in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT

Luna Vasiltsova

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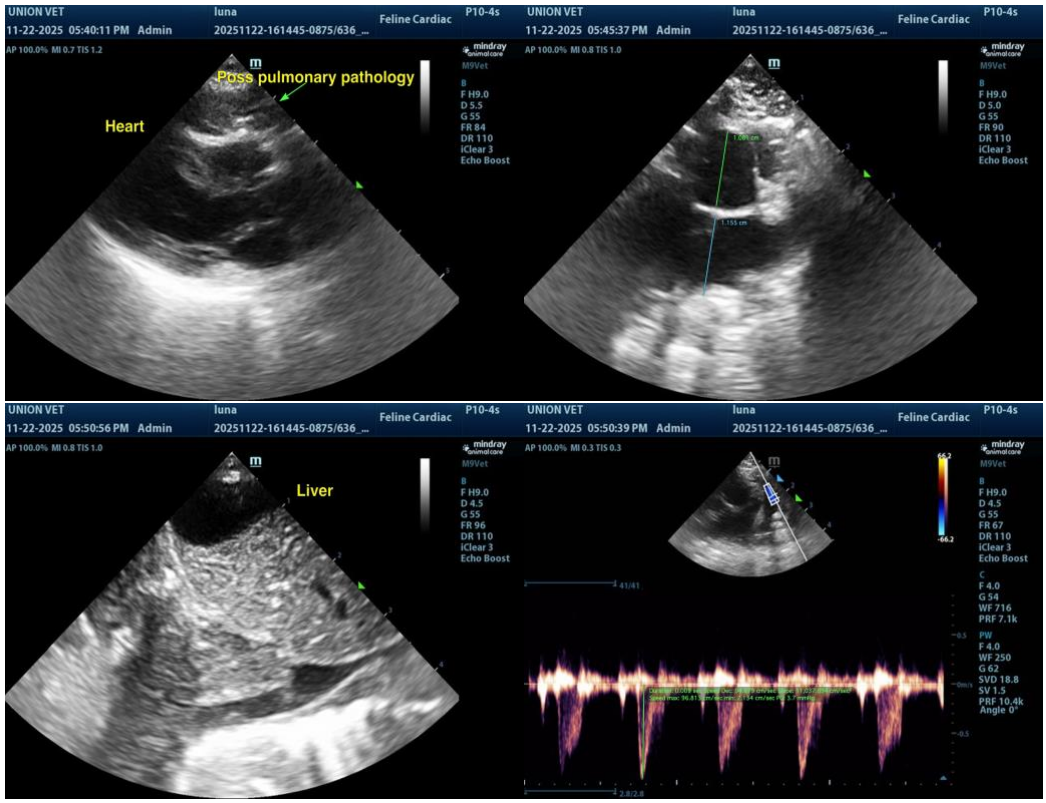
No evidence of clinical issues such as left or right heart chamber enlargement, HCM criteria, LV systolic dysfunction or definitive pulmonary hypertension as an obvious cardiogenic cause of the patient's respiratory signs. This indicates noncardiogenic pleural effusion and potential pathologic pericardial pulmonary tissue, inflammation, infection, consolidation, neoplasia, FIP, etc. are all potentials. No indication for cardiac medication. Correlation with pleural effusion analysis cytology +/- culture/sensitivity in search of a more definitive diagnosis is recommended.



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