

**PATIENT PRESENTING CLINICAL SIGNS**

Mia Quinonez Apnea, losing weight, pleural effusion.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

NA

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	0.53	1.35	0.54	45	77
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	--	1.3	1.3		--	0.7	NM

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

**WEIGHT**

11lb

**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. Trace MR on Doppler, not hemodynamically significant. 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. The 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 effusion with moderate volume echogenic pleural effusion. No visible cardiac tumors. Solitary to intermittent irregular non-homogenous thoracic mass lesions vs lymph nodes were present an example measured 2.2 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Normal cardiac structure /function
- Non-cardiogenic pleural effusion exhibiting echogenic effusion component.
- Intermittent small thoracic mass lesions vs lymph nodes.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

All Creatures Denville

**REFERRING VET**

Dr Silas

**INVOICE**  
22854

**DATE**  
11/04/2025



**PATIENT**

Mia Quinonez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

NA

**WEIGHT**

11lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

All Creatures Denville

**REFERRING VET**

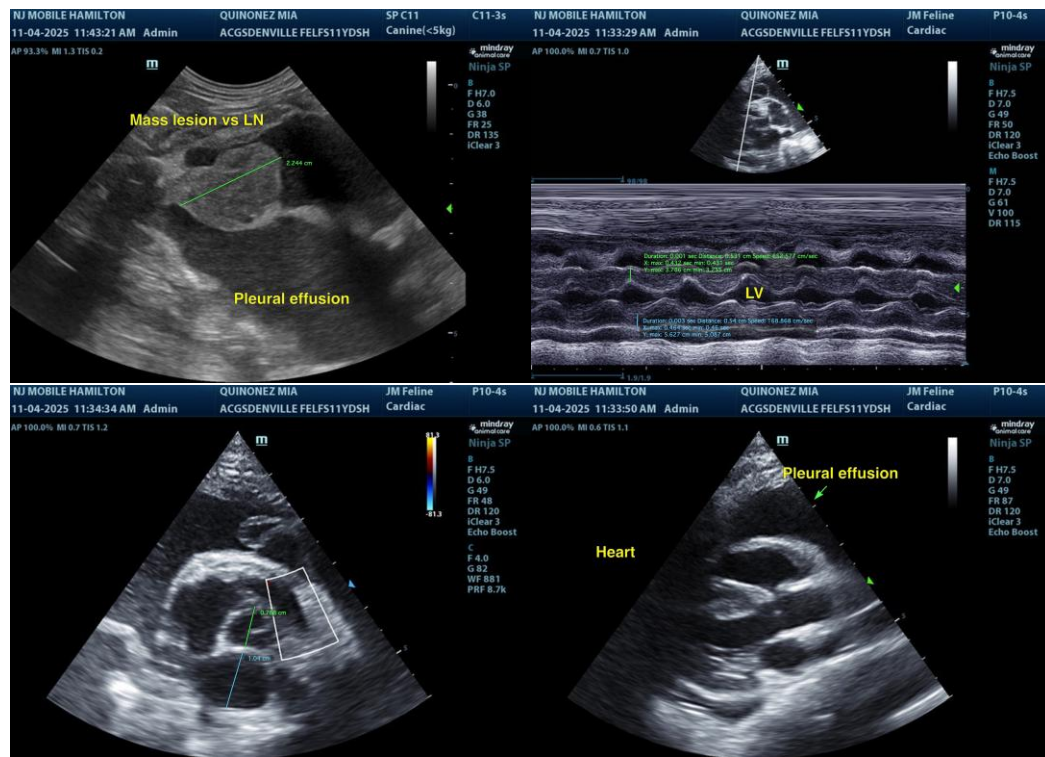
Dr Silas

**INVOICE**  
 22854

**DATE**  
 11/04/2025

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the non-cardiogenic pleural effusion and small mass lesions vs lymph nodes include favored unspecified neoplasia, inflammation, infection or less likely FIP given patient age. Correlation with pleural effusion analysis cytospin cytology +/- C/S if evidence of inflammatory component or FIP titer / PCR recommended. Abdominal ultrasound may be considered to assess for concurrent or primary abdominal pathology as a contributing factor to the weight loss. A very guarded prognosis pending effusion analysis in search of a more definitive diagnosis.



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)