

PATIENT PRESENTING CLINICAL SIGNS

P presented for laboured breathing, on and off for the past week. Slightly increased rate and effort on PE. Current Medications None

SPECIES Abnormal PE/Chem/CBC/UA Results: BW attached Radiographic Findings Rads performed - unable to visualize cranial lung fields, and difficult to visualize heart silhouette well. Appears to have soft tissue opacity along sternum seen in all lateral views Primary Question to Be Answered in This Exam We are looking to find out the cause of the obstruction on radiographs, and the laboured breathing

Allen Leidl

BREED

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

MN

AGE

5yr

WEIGHT

16.34lb

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	--	142	0.54	1.45	0.51	55	89
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	--	1.46	1.4		1.0	0.65	NM

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)

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. No overt MR present on Doppler. 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. Normal measured LVOT velocity was present. 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. No overt TR present on Doppler. 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). Normal measured RVOT velocity was present.

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Tansley Woods VH

REFERRING VET

Haughton

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 23079

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No pericardial effusion was present with mild volume pleural effusion. No overt visible extracardiac pathology, i.e. pericardial, pulmonary, or cranial mediastinal masses in the visible window.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Primary

- Normal echocardiogram
- Non-cardiogenic pleural effusion

SPECIES

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Inflammatory or infectious disease, pneumonitis, non-obvious lesion or mass potentially obscured by intrathoracic or air artifact, FIP or other all potentials. Thoracocentesis for effusion analysis cytology, +/- C/S in search of a more definitive diagnosis is recommended. Thoracic CT if possible, would be ideal for further assessment.

Feline

SEX

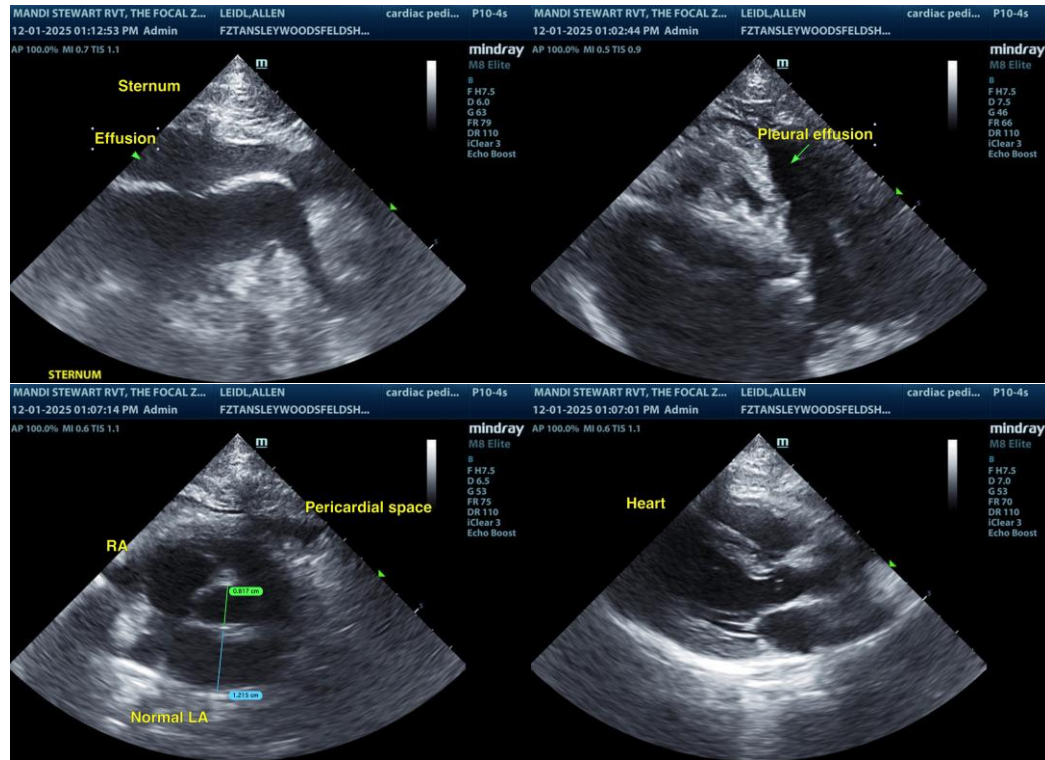
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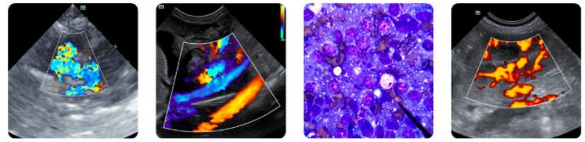
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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