



PATIENT PRESENTING CLINICAL SIGNS

Ginger Erum

- Reports respiratory distress with difficulty breathing, decreased appetite, reduced water intake, and decreased litter box use starting Tuesday night till today - Symptoms worsened by Wednesday with prominent breathing difficulties - No mouth breathing observed - Eating pattern changed: usually eats entire meal at once, now eating only 3-4 bites at night - Last ate small amount around 4-5 AM today, sniffing food but not eating since - Abdominal pain reported - Weight: 20 pounds - Currently playful and sleeping normally when not experiencing respiratory episodes Past Medical History: - Two cycles of furosemide completed, last dose Sunday night and pet declined after - Previous blood work February 2024 (approximately 1.5 years ago) - No pet insurance coverage Current Medications Furosemide

SPECIES

Canine

BREED

Siberian Forest Cat

SEX

MN

AGE

7yr

WEIGHT

20.15

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

Abnormal PE/Chem/CBC/UA Results: Values BW reveals elevated SDMA, BUN and Hemo concentration - will share results via email Radiographic Findings to send xray report via email (done on Nov 6) Primary Question to Be Answered in This Exam Ginger is unstable and with abdominal and mouth breathing, we're unable to administer Furosemide due to current bloodwork as been attached/mentioned in history. Please advise medications starting from today (See attached rads and BW)

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	--	238	0.58	1.45	0.6	27	56
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	--	3.2	2.5		0.9	0.6	NM
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

HOSPITAL NAME

Creditview Eglinton

REFERRING VET

Wahba

INVOICE

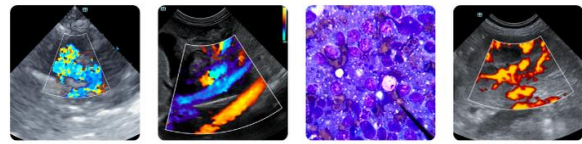
23215

DATE

12/11/2025

Cardiac Presentation

The left ventricular wall, borderline increased septal and free wall dimension with myocardial remodeling and mild asymmetrical myocardial contour. Mild non-uniform endocardium which may suggest fibrosis and mildly prominent remodeled papillary muscles. LV systolic dysfunction is decreased. The LV and RV are both borderline dilated. The left atrium is severely dilated and bulbous in appearance. No overt LA formed thrombus or smoke. The RA exhibited concurrent dilation. The mitral valve was normal, no definitive MR on Doppler. Mild TR on Doppler. Blood flow through both the LVOT and RVOT was mildly decreased in measured velocity. No obvious pericardial effusion. Moderate volume pleural effusion. Areas of mild irregular non-homogenous consolidated to possible atelectic lung as well as lung exhibiting comet tail artifact was present. No overt cardiac tumors.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Ginger Erum

Primary

SPECIES

Canine

- Severe cardiomyopathy exhibiting severe biatrial enlargement
- LV myocardial remodeling and mild decreased LV function
- Pleural effusion
- Areas of non-aerated irregular lung with concurrent pulmonary comet tail artifact
- Mild TR

BREED

Siberian Forest Cat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

MN

The cardiac presentation may indicate unclassified cardiomyopathy in the face of biatrial enlargement and lack of significant LV thickening; however burnout or end-stage HCM / RCM can have this appearance. Regardless of classification, the cardiac presentation consistent with congestive heart failure indicating long-term poor prognosis. Multicentric component to the pleural effusion including primary concurrent pulmonary disease cannot be definitively excluded. Correlation with pleural effusion analysis cytology +/- C/S or FIP titer / PCR is recommended.

AGE

7yr

Continuing hospitalization with injectable Lasix in an attempt for patient stabilization is recommended. If patient can be stabilized Lasix 1-2 mg/kg PO BID, clopidogrel 75 mg tab PO SID and Pimobendan 1.25 mg PO BID is recommended.

WEIGHT

20.15

This patient will remain at severely increased risk for progressive CHF, development of malignant arrhythmia and sudden death.

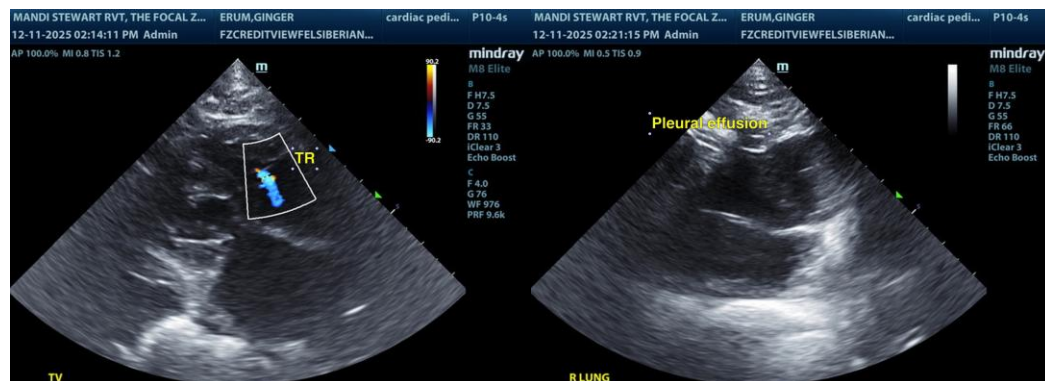
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Monitoring of renal parameters and ideally systemic BP / ECG is indicated. As needed sonographic monitoring recommended.

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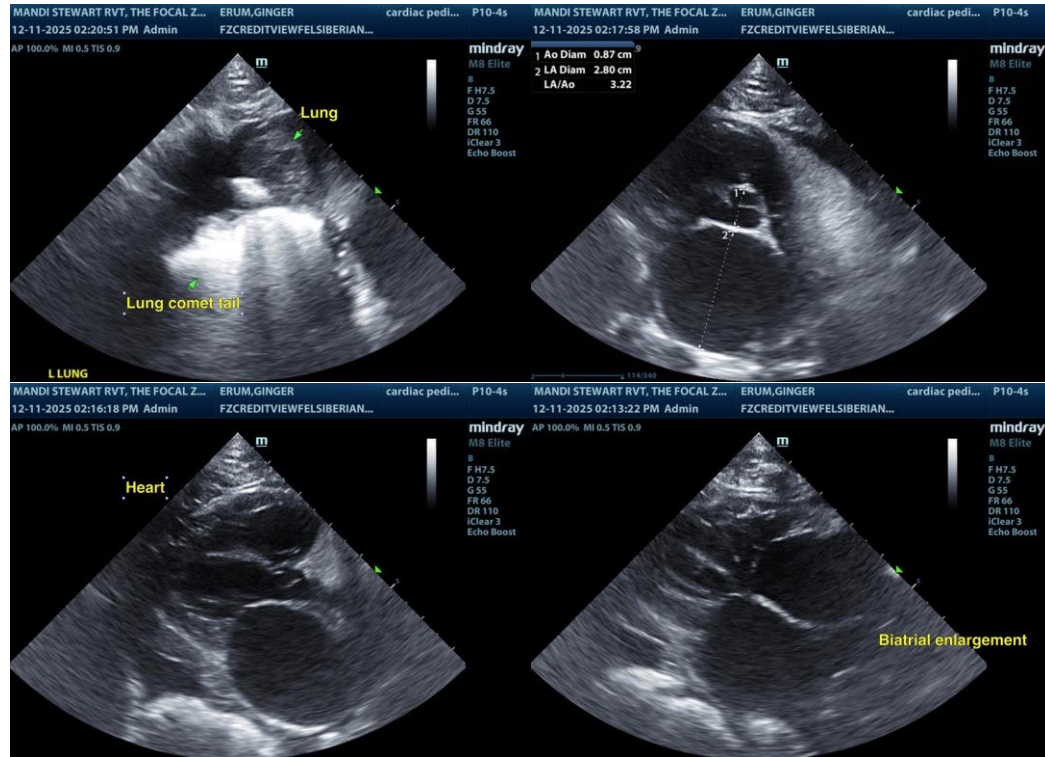
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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