

PATIENT

Misk Alnajar

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 yrs

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hosp
 ANCASTER

REFERRING VET

Dr. Davis

INVOICE

10471

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Rad report shows the pleural fluid build up and the radiologists are most concerned for heart or cancer. However, no obvious tumour noted. They note a bit of increased resp effort when at rest. However she is still acting playful. O has not noted a big difference with the furosemide medication unfortunately. Current Medications Furosemide, Clavaseptin, Gabapentin
 Abnormal PE/Chem/CBC/UA Results: LIPA 1631 U/L

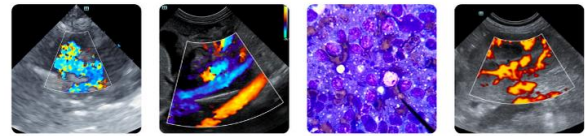
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	0.48	1.4	0.48	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			1.3				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** size based on LA2D 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 subjective normal 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 overtly normal valve structure and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** free fluid was noted. Moderate volume pleural effusion was noted. A nonhomogeneous mass was present in the area of the heart base / cranial thorax, measuring 4.4 cm diameter. Subjective hyperechoic pericardium was noted.



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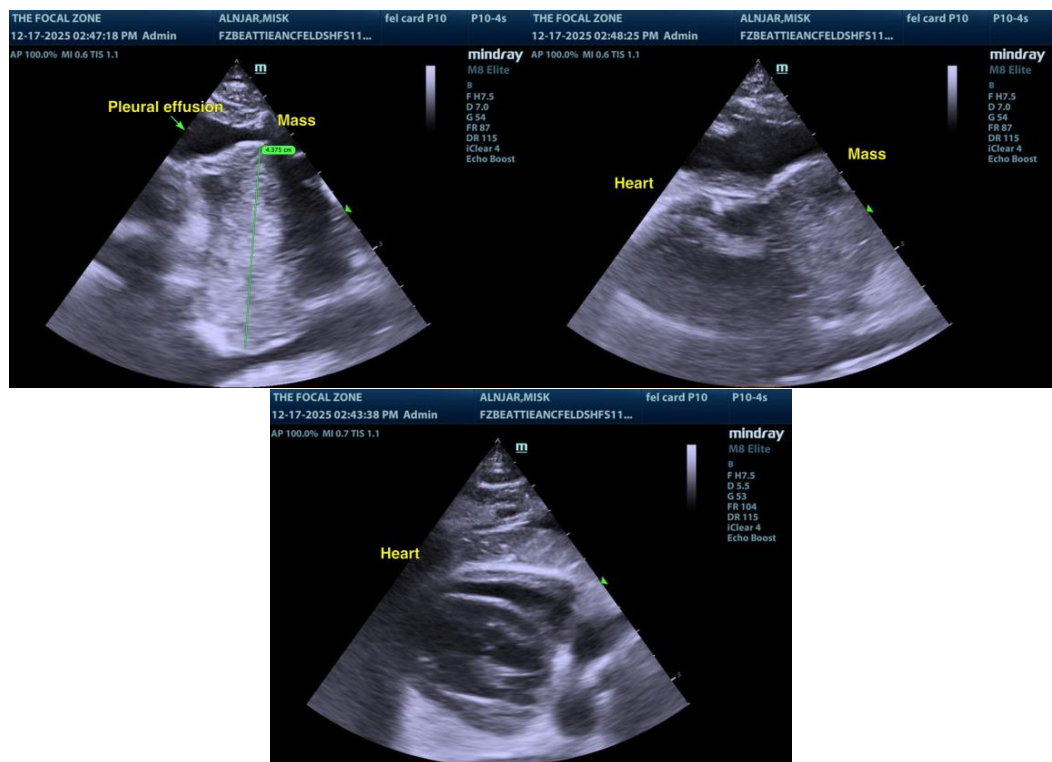
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ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function
- Mass area of heart base / cranial thorax
- Possible pericarditis

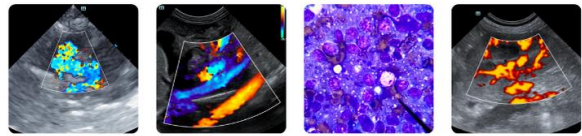
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass is consistent with neoplastic criteria, potentially of pulmonary or cardiac origin. Non-neoplastic etiologies, i.e., granuloma / FIP, infectious or inflammatory disease, are thought to be less likely. If possible, correlation with pleural effusion analysis and assuming normal clotting status, mass FNA cytology could be considered. There is no indication for cardiac medications.



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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