



PATIENT

Simmons Hart

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 8 Months

WEIGHT

7.3 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

PRESENTING CLINICAL SIGNS

Pet was initially presented for not defecating for more than 2 days and being lethargic and inappetence for over 24 h. pet was aggressive, so limited physical exam was done and sent home with lactulose and cisapride, mirataz symptomatically. Pet came back 2 days after for not getting better and on that day we took radiographs and found out pet has pleural effusion besides constipation. on physical exam pet doesn't have any heart murmur but right-side heart sounds are slightly muffled. noted pleural effusion on ultrasound fast scan. pet was sent home with furosemide.

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	1.0	0.53	40	74
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	1.4	1.4	NM	0.5	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							

IMAGING PERFORMED BY

Dr. Arun Kutagulla

HOSPITAL NAME

Union Park Animal Hospital

REFERRING VET

Dr. Arun Kutagulla

INVOICE

12861

DATE

12/29/25

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 on doppler. The **left ventricle** presented normal thicknesses with linear contour exhibiting borderline to mild subnormal LV internal dimension and subjective flattened IVS. 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 mild to moderate increased dimension, normal structure and content, No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated subjective adequate linear morphology and kinetics. Moderate TR on doppler. The **right ventricle** revealed increased size compared to the LV with normal chordae structure, myocardial echogenicity and free wall thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and increased diameter compared to the aorta. Mild to moderate pulmonic insufficiency on doppler with mild decreased measured RV outflow velocity. Pulmonic artery diameter measured 0.76 cm. No evidence of cardiac, pericardial or mediastinal masses in the visible window. Pleural effusion was visualized.



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ULTRASONOGRAPHIC FINDINGS

- Enlarged RA/RV.
- Increased pulmonary artery diameter.
- Tricuspid and pulmonic valve insufficiency.
- Normal LA/LV, subjective mild flattened IVS.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although definitive measurement of the TV insufficiency was not obtained, the combination of enlarged RA/RV/pulmonary artery with combined tricuspid and pulmonic valve insufficiency is highly suggestive of pulmonary hypertension. Correlation with three view chest radiographs to assess for evidence of primary pulmonary disease as well as assessment of the liver for evidence of hepatic congestion or concurrent ascites is recommended. Combined with pleural effusion, right heart failure is probable. Pimobendan 1.25 mg BID with consideration for Sildenafil 0.25 mg/kg PO BID is recommended. Concurrent as needed diuretic therapy if evidence of right-sided congestion is warranted. Concurrent respiratory support if clinically indicated is recommended. Elective anesthesia is not advised. Serial sonographic monitoring is required for a further prognosis. Recheck echocardiogram is recommended in 4-6 months or sooner if progressive clinical signs are consistent with pulmonary hypertension or right heart failure.

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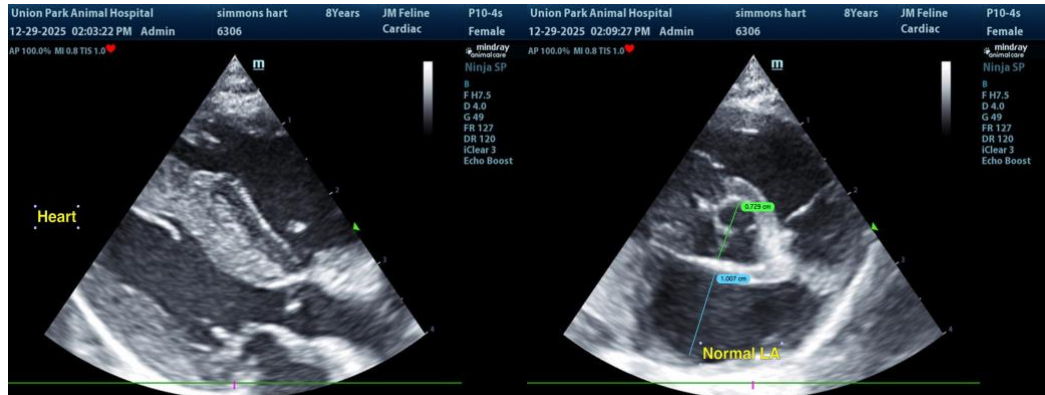
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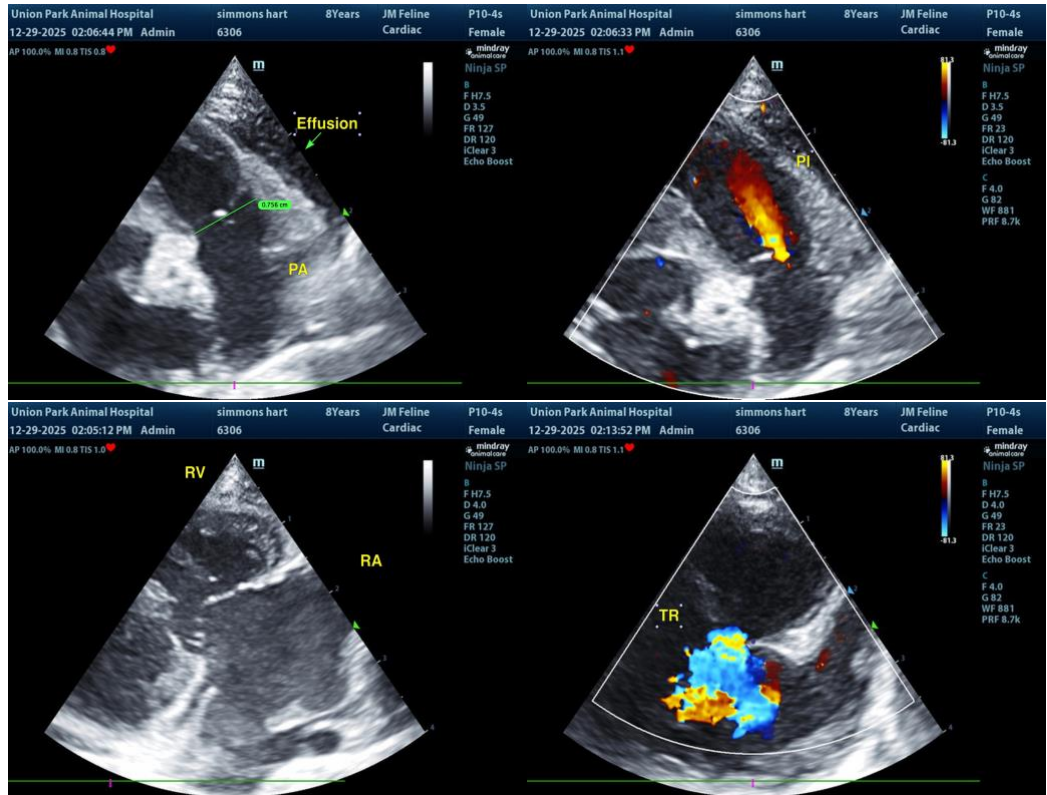
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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