

**PATIENT PRESENTING CLINICAL SIGNS**

Cricket Modicox  
Labored breathing of 1 month duration. Presented on 12/5/25 for tachypnea x4 weeks, wt loss, anorexia.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Lab work on 9/11/25 NSF

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

BREED	FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
DSH	NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
SEX	PATIENT	--	NM	0.55	1.6	0.43	16	36
FS	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/)	
AGE	NORMAL PARAMETER	<1.5	1.6	0.7-1.7	<1.6	<1.3	40-60	
WEIGHT	PATIENT	--	1.8	2.5	--	0.5	--	

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)

**IMAGING PERFORMED BY**

Meghan Morse

**HOSPITAL NAME**

East Fishkill AH

**REFERRING VET**

Dr Baffi

**INVOICE**

23172

**DATE**

12/8/2025

**Cardiac Presentation**

The left ventricular wall is remodeled with regions of myocardial asymmetry. Mild increased endocardium echogenicity, suggestive of fibrosis. Prominent remodeled papillary muscle. LV assist function is decreased. The LV and RV are both borderline dilated. Left atrium was dilated and bulbous in appearance. Suspicion for early LA spontaneous contrast / smoke. The right atrium was mildly dilated. The mitral valve was mildly thickened with trace centralized to eccentric MR. Concurrent mild TR was present.

No overt pericardial effusion. Significant volume pleural effusion. No obvious cardiac tumors. Unclassified arrhythmia to potential tachycardia present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Non-thickened mild irregular LV, decreased LV systolic function
- Batrial enlargement with evidence of early LA spontaneous contrast
- Arrhythmia / tachycardia
- Pleural effusion.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of biatrial enlargement with normal LV wall thickness may suggest unclassified



**PATIENT**

Cricket Modicox

cardiomyopathy. However, burnout or end stage HCM or RCM can have this appearance. Regardless of classification, the degree of atrial dilation with concurrent arrhythmia confirms the diagnosis of CHF and cardiogenic pleural effusion.

**SPECIES**

Feline

Long-term prognosis is likely poor as this patient will remain at increased risk for progressive CHF, malignant arrhythmia, thrombotic event, or possible sudden death. If patient is unstable, hospitalization with injectable Lasix until patient is stabilized is recommended. If possible, pleural effusion analysis cytology +/- C/S to rule out concurrent pathology is suggested. Lasix 1 to 2 mg/kg PO BID, clopidogrel 75 mg tab ¼ tab PO SID, and Pimobendan 1.25 mg PO BID is recommended. ECG for further assessment of the arrhythmia and potential rate control therapy if clinically indicated is recommended.

**BREED**

DSH

Monitoring of renal parameters, BP and ECG going forward would be ideal. Elective anesthesia is not advised. As needed echocardiographic monitoring for further assessment is recommended.

**SEX**

FS

**AGE**

16yr

**WEIGHT**

9.3lb

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Cricket Modicox

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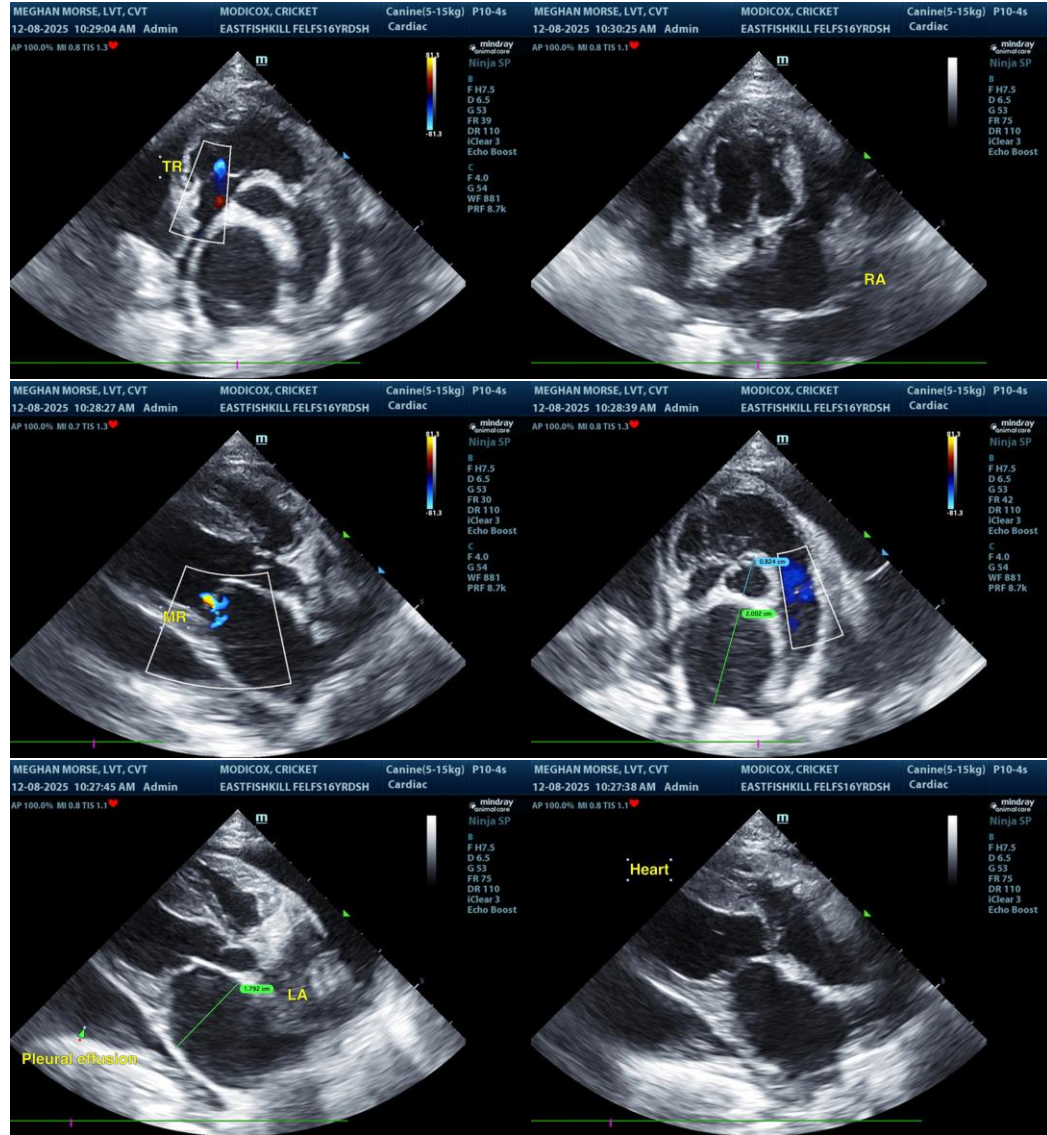
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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