



PATIENT

Taco Constantino

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 yrs

WEIGHT

12 lbs

INTERPRETED BY

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

PRESENTING CLINICAL SIGNS

History: BCS 6/9. Pleural effusion, tachypnea and dyspnea.

Meds: Salix

Abnormal PE/Chem/CBC/UA Results: wnl

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	0.59	1.34	0.55	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	1.3		--	--	--
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

Shari Reffi, CVT

HOSPITAL NAME

William Penn VH

REFERRING VET

Dr. Bouzaout

INVOICE

12892

DATE

12/9/25

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 separate LA measurements. No LA spontaneous contrast. 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 normal laminar flow and subjective 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 normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Mild volume pericardial and free pleural fluid was noted. Subjective possible two masses in the area of the heart base and cranial thorax. Non-homogeneous, indistinctly marginated mass area of the heart base measured ~3.0 cm in diameter. Hypoechoic mass exhibiting hyperechoic foci present in the cranial thorax measuring ~4.0 cm x 2.1 cm.



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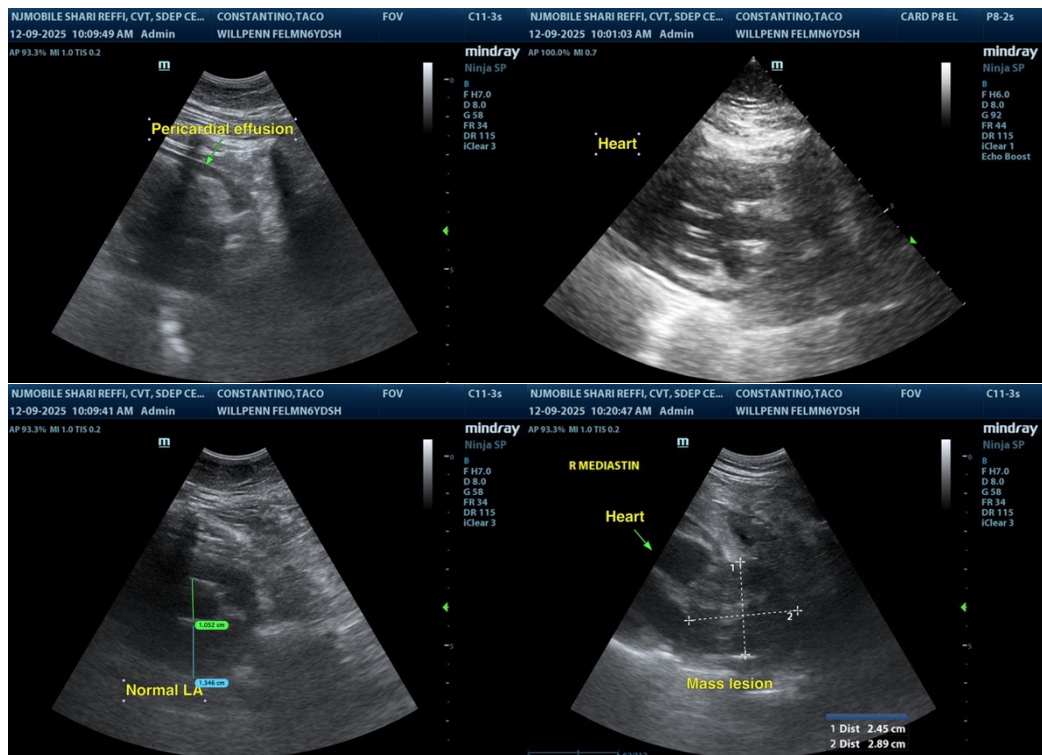
12/9/25

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function
- Mild volume pericardial and pleural effusion
- Subjective two masses visualized in the area of the heart base and cranial thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pericardiac and pleural effusion is non-cardiogenic in origin. The masses may indicate inflammatory, infectious, granulomatous, neoplastic or combined etiologies of pulmonary or mediastinal origin with potential for heart base mass not definitively excluded. Further assessment may include, assuming normal clotting status, accessible FNA cytology combined with, if possible, pleural effusion analysis cytology, +/- C/S or FIP titer/PCR. Cardiac anesthetic risk is considered mild. Thoracic CT also considered for further clarification. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





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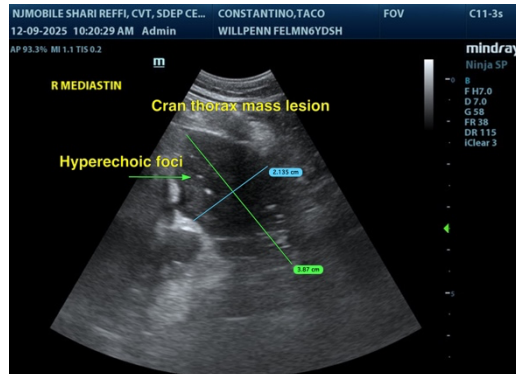
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com