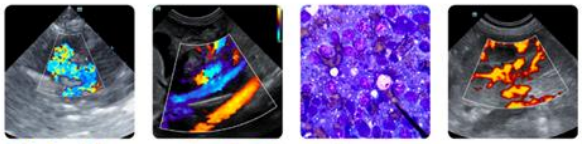

PATIENT
Lola Young

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
11

WEIGHT
5.13

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

IMAGING PERFORMED BY
Renee Ziegler Post

HOSPITAL NAME
For Cats Only Veterinary Clinic

REFERRING VET
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INVOICE
23779

DATE
02/03/2026

PRESENTING CLINICAL SIGNS

- Presented 2/1 for not eating and hiding under the bed. Noted rapid shallow respirations, chest radiographed. Started on furosemide and scheduled for echo. I also gave a convenia injection for the cranioventral opacity. She went home on furosemide 6.25 mg bid. Owners report she did well at home this weekend. Here, she is tachypneic. Rechecked radiograph today. Placed in oxygen before and after procedure, and kept echo short to minimize her stress. Both Saturday's and today's images submitted as additional history information.

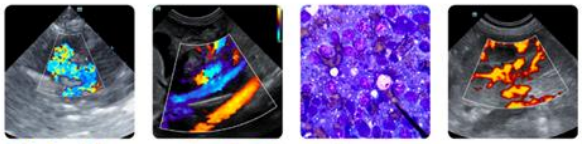
Abnormal PE/Chem/CBC/UA Results: proBNP Abnormal (in house SNAP test) (was Normal at 57 in 2024); N RBC 8.32, WBC 4.99 w/neutropenia; SDMA 10, Crea 1.0, BUN 15; T4 1.1 Blood pressures: 118/95, 118/94, 116/93, 113/90.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**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	5.13	NM	0.45	1.0	0.45	48	82
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	1.2		NM	NM	NM
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 and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole No overt MR on Doppler. The left ventricle presented normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No



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visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Overtly normal cardiac structure / function with mild LV remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction. HCM or other structural cardiomyopathy or obvious pulmonary hypertension. The lack of left /right heart volume overload is not overtly consistent with cardiogenic pulmonary edema. The exception to this may include iatrogenic or stress induced changes which can lead to spontaneous decompensation even with normal LA dimension.

Primary lower airway disease such as inflammatory disease which may respond positively to diuretic therapy given inflammation and potential micro-edema is possible. Based on this study no indication for cardiac medication yet continued Lasix trial with attempted weaning along with lower respiratory support and clinical monitoring is recommended.

Monitoring of renal parameters while on diuretic trial as well as monitoring of systemic BP and ECG to assess for hypertension or paroxysmal arrhythmia as potential contributing factor is recommended.

If required, current cardiac anesthetic risk is considered mild. 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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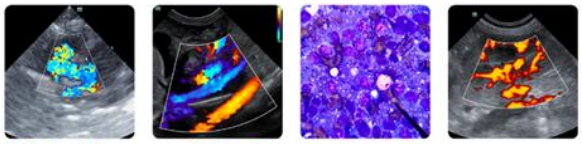

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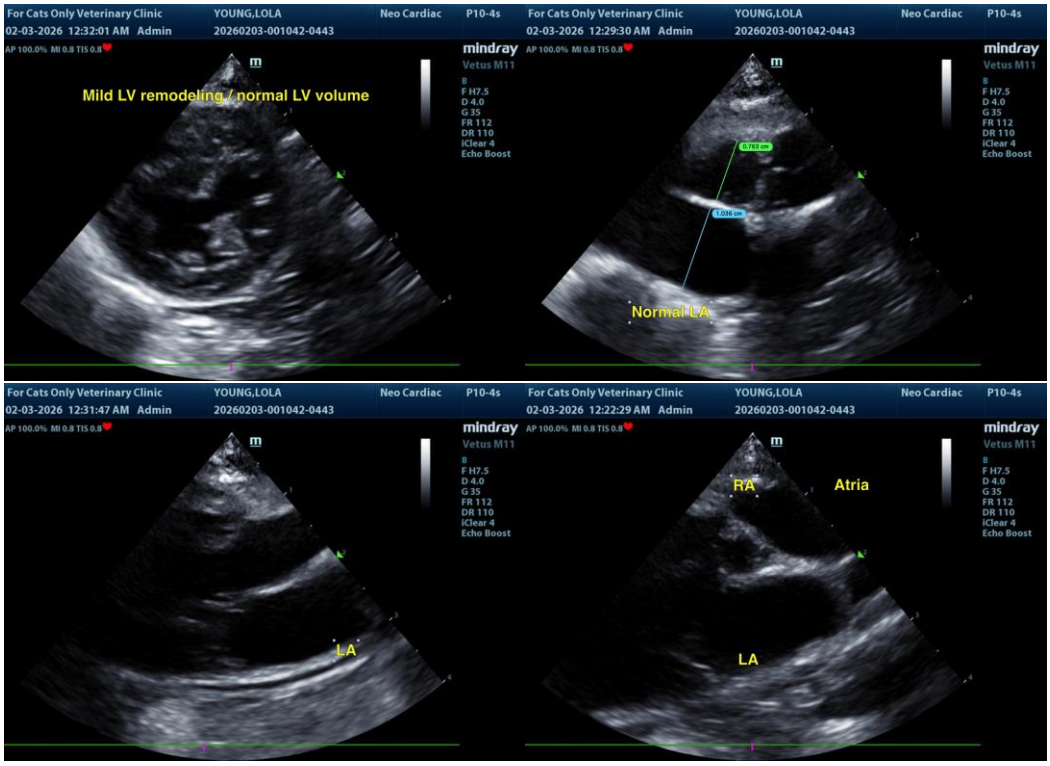

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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