



**PATIENT PRESENTING CLINICAL SIGNS**

Brandy Eaton • Fluid filled chest, increased RR, pale MM

**SPECIES** Abnormal PE/Chem/CBC/UA Results: RBC-5.85; Hct-27.5%; Hgb-8.4; wbc-17.4; Neu-15.5; Lym-0.56; mono-1.01; gluc-219; Eos-0.05; glob-5.2

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>BREED</b>	<b>FELINE CARDIAC PARAMETERS</b>	<b>BODY WEIGHT</b>	<b>HR (BPM)</b>	<b>IVSd (cm)</b>	<b>LVIDd (cm)</b>	<b>LVWd (cm)</b>	<b>FS (%)</b>	<b>EF (%)</b>
DSH	NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>SEX</b>	PATIENT	NA	NM	0.55	1.2	0.63	40	74
<b>AGE</b>	<b>FELINE CARDIAC PARAMETERS</b>	<b>LA/AO M-Mode</b>	<b>LA/AO HEART BASE (Sisson)</b>	<b>LAD LA MAX 4 Chamber</b>		<b>LVOT VEL. (m/s)</b>	<b>RVOT VEL. (m/s)</b>	<b>IVRT (m/)</b>
15yr	NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>WEIGHT</b>	PATIENT	--	1.25	1.5		NM	NM	NM
NA	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**

Shari Reffi CVT

**HOSPITAL NAME**

Smithfield AH

**REFERRING VET**

Dr Boe

**INVOICE**  
24238

**DATE**  
03/17/2026

**Cardiac Presentation**

The echocardiogram in this patient demonstrated enlarged left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets demonstrated mild irregular atrial changes without overt MR with adequate extension in systole and union in diastole. The left ventricular septum and free wall revealed adequate contractility with normal LV volume. Borderline increased septal and free wall dimension with some echogenic remodeling of the septum and free wall. This does not appear to be a functional issue at this point and is most suggestive of some level of myocardial fibrosis or age-related change. The left ventricular outflow tract demonstrated normal subjective structural integrity. The right atrium and auricle revealed increased size and normal 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). o visible pericardial fluid with moderate volume, mildly echogenic pleural effusion. No overt cardiac, pericardial or mediastinal tumors in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- LV myocardial remodeling/ fibrosis with adequate LV systolic function
- Borderline increased LV wall dimension



**PATIENT**

Brandy Eaton

- Normal RA / RV
- Moderate volume pleural effusion

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

15yr

**WEIGHT**

NA

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of left or right heart chamber enlargement, LV systolic dysfunction or overt arrhythmia is not overtly consistent with definitive cardiogenic pleural effusion. Although a cardiogenic component to the effusion is not definitively excluded, congestive heart failure is considered less likely.

Inflammatory, infectious or neoplastic etiologies all potentials with FIP technically a potential yet thought less likely given patient age. Although cardiogenic pleural effusion is considered less likely, diuretic trial Lasix 1-2 mg/kg PO BID with monitoring of clinical response and pending pleural effusion analysis with monitoring of renal parameters would be reasonable.

An extremely guarded prognosis indicated with echocardiographic reassessment suggested if clinical signs consistent with cardiac disease or progressive pleural effusion.



**PATIENT**

Brandy Eaton

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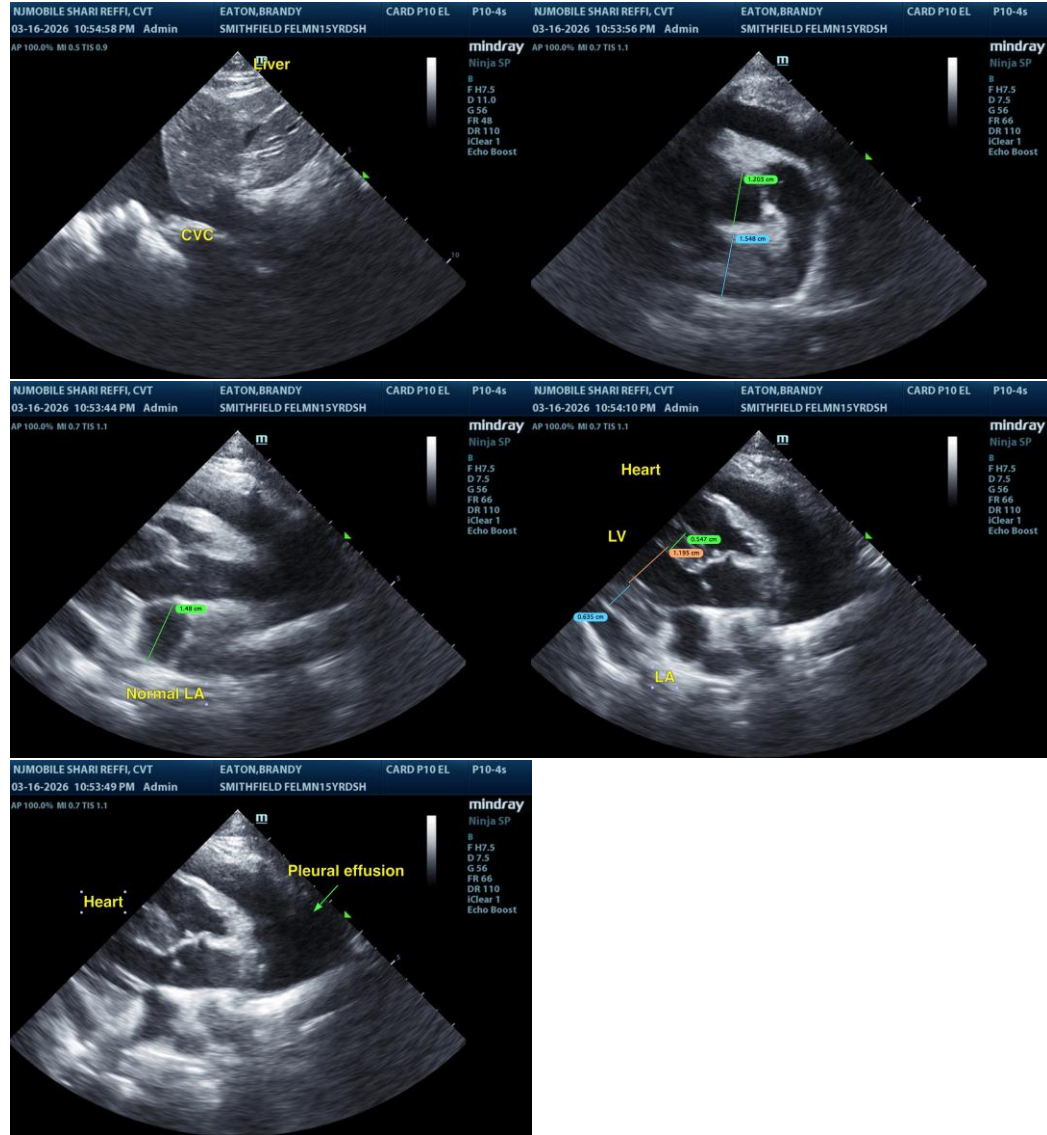
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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