



PATIENT

Decklynn Ferguson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11y

WEIGHT

9.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Kara Hutter

INVOICE

10724

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- Decklyn presented on 3/18/26 for evaluation of coughing, wheezing, and increased thirst. The O reports these signs started about 3 weeks ago and occur 4-5 times daily, especially when he is picked up. Appetite and LB habits normal. He is an indoor-only cat living with two other cats. He has a history of intestinal parasites that were treated. Coughing has improved since initial visit. Also of note - O's report occasional seizure-like activity while sleeping (no loss of bladder/bowel control) - paddling/twitching that resolves quickly (happens approx once a month or so for past few years).

Abnormal PE/Chem/CBC/UA Results: Bradycardia and arrhythmia noted during initial exam -- ranging from 50-80 bpm at rest, increasing to 150 bpm with stimulation. Brief EKG performed in clinic with what appeared to be intermittent AV block seen with variable frequency. Patient appeared BAR throughout exam and not in distress.

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	9.8 lbs.	NM	0.44	1.69	0.40	48	81
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	-	-1.45	1.5		1.4	1.0	-
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							

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. 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



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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). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of clinical issues such left or right heart chamber enlargement, LV systolic dysfunction, or evidence of current arrhythmia. The coughing in this patient is noncardiogenic in origin. There is no indication for cardiac medications, with continued as-needed respiratory support indicated. From a structural or functional cardiac standpoint, anesthetic risk is considered mild. If anesthesia is required, the following protocol is recommended. Cardiologist consultation on ECG may be considered.

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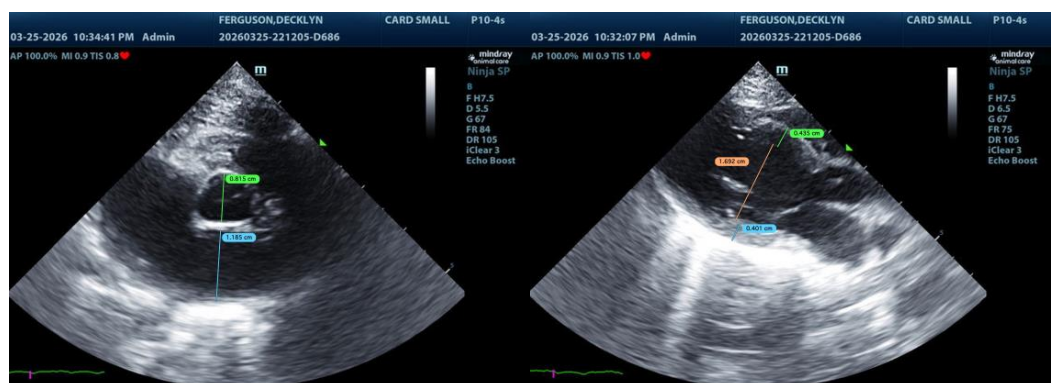
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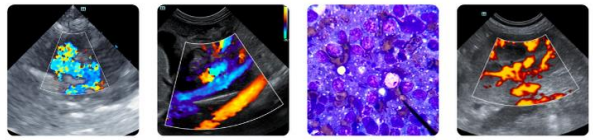
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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