



## PATIENT

Copper Todd

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

9yr

## PRESENTING CLINICAL SIGNS

- Presenting for a 10-day history of wheezing and low energy, and exercise intolerance. He had one episode of cloudy nasal drainage that he sneezed out. He also had clear ocular discharge for one day. Eating and drinking are fine. His energy seems a little better today.
- He was seen in January of this year for an occasional cough and sneezing. Steroids and dewormer were prescribed. The owner did not notice a significant change with that treatment. His appetite is great currently. He has lost almost a pound since his last visit.
- The owner reports that in the past, he has had very rare "asthma type" episodes where he starts breathing hard, and then it resolves on its own. They have not noticed a correlation with the changing of the seasons.
- Abnormal PE/Chem/CBC/UA Results: Mild nasal congestion on tracheal auscultation. A hard swallow and cough was elicited with firm tracheal palpation and during the blood draw. -trads: There is a significant soft tissue opacity in the cranial thorax, obscuring the cardiac silhouette and cranial lung lobes. There appears to be an air bronchogram present. The heart appears to be displaced cranially on the lateral view and the cardiac silhouette is obscured by the soft tissue opacity in the cranial abdomen. Differentials include severe pneumonia/consolidation, pleural effusion, or a cranial mediastinal mass. CBC/chem 17/lytes: mildly elevated globulins Lung ultrasound: consolidated lung tissue cranially. Severe B-lines caudally

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

## WEIGHT

11.75lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Ackmann

## HOSPITAL NAME

Buffalo Veterinary  
Clinic

## REFERRING VET

Dr Ackmann

## INVOICE

24126

## DATE

03/05/2026

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	11.75lb	NM	0.44	1.25	0.41	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	--	1.28	1.3		NM	0.82	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 based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR present on Doppler. 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. The 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



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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. No overt TR present on Doppler. 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). Normal measured RVOT velocity was present. 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.

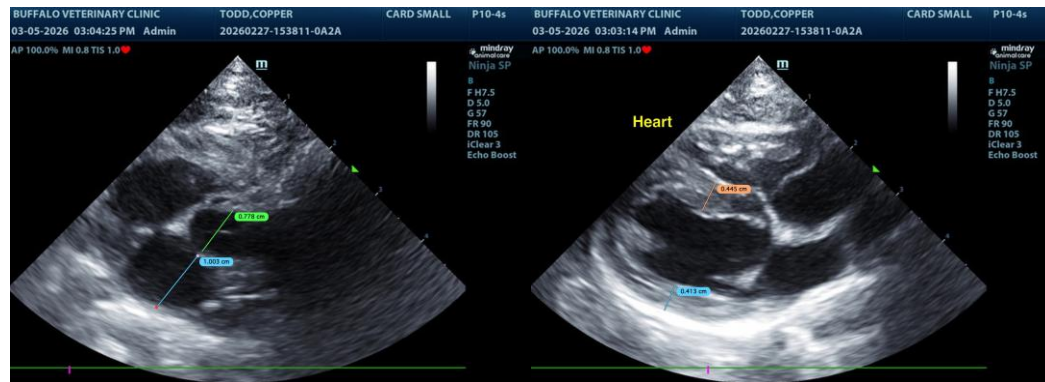
**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Normal echocardiogram

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural or functional cardiomyopathy as a cardiogenic contributing factor to the patient's clinical signs. No indication for cardiac medications. Respiratory support is indicated. No cardiac anesthetic contraindications if lower airway sampling or advanced thoracic imaging is elected.



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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