

PATIENT

Thor Fendley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

4.6 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney
 Creek

REFERRING VET

Dr. Wattson

INVOICE

15301

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Thor, a 9-year-old male neutered Domestic Shorthair, presented for an acute episode of collapse. The owner reports that approximately 1 hour prior to presentation, Thor vomited, which is not unusual for him as he tends to eat too quickly. Less than a minute later, he walked a short distance, then suddenly went limp and fell to the floor. His front legs became stiff and extended, and he began crying out as if in pain and was unable to move. He then went limp again. After lying down for a few minutes while being petted, he was able to get up but was walking very slowly.

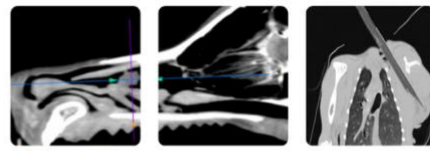
Abnormal PE/Chem/CBC/UA Results: Elevated ProBNP, rest NSF

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	4.6	NM	0.53	1.8	0.48	46	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	--	1.2	1.3		1.3	0.8	NM
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** dimension based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No evidence of MR on doppler. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. Normal measured LVOT velocity. 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). Normal measured RVOT velocity. 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. No evidence of arrhythmia.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Thor Fendley • Normal cardiac structure/function.

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Feline No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, HCM criteria or other structural cardiomyopathy or arrhythmia. Possible causes of elevated ProBNP with absence of structural cardiomyopathy may include hyperthyroidism, renal insufficiency, airway disease, systemic hypertension or other systemic influences.

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No indication for cardiac medication. Assessment of systemic BP and ECG for evidence of hypertension or potential paroxysmal arrhythmia may be considered. If patient is currently stable, clinical monitoring would be reasonable. Neurological exam is suggested, if not done. As needed echocardiographic monitoring is recommended or if recurrent episodes.

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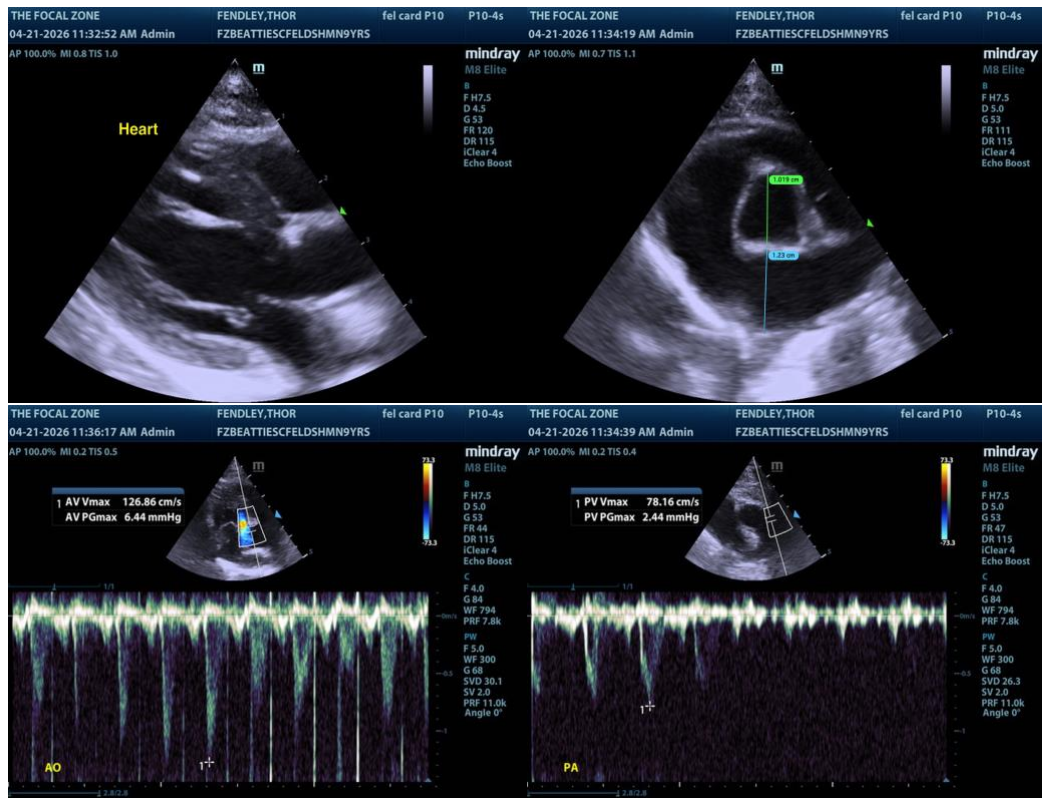
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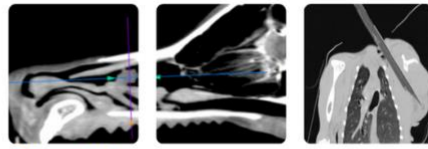
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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)

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