

PATIENT

51 Li

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2 yrs

WEIGHT

13.25 lbs.

INTERPRETED BY

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

PRESENTING CLINICAL SIGNS

-occasional coughing episodes, cardiac enlargement on radiographs
 Current Medications- none

Abnormal PE/Chem/CBC/UA Results: N/a Radiographic Findings Suspect left heart enlargement. Some considerations include hypertrophic, restrictive, unclassified cardiomyopathy, and hyperthyroidrelated cardiac disease. Check the heart for a murmur and/or arrhythmia. Heart failure was not identified. Primary Question to Be Answered in This Exam heart disease?

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	13.25 lbs	184	0.57	1.75	0.54	53	86
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	-	1.36	1.3		1.1	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							

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Queensdale AH

REFERRING VET

Chaudhary

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4/28/26

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 evidence of MR 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. **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. Normal measured LVOT velocity was noted. 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. Mild TR was noted 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 noted. 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 was noted.



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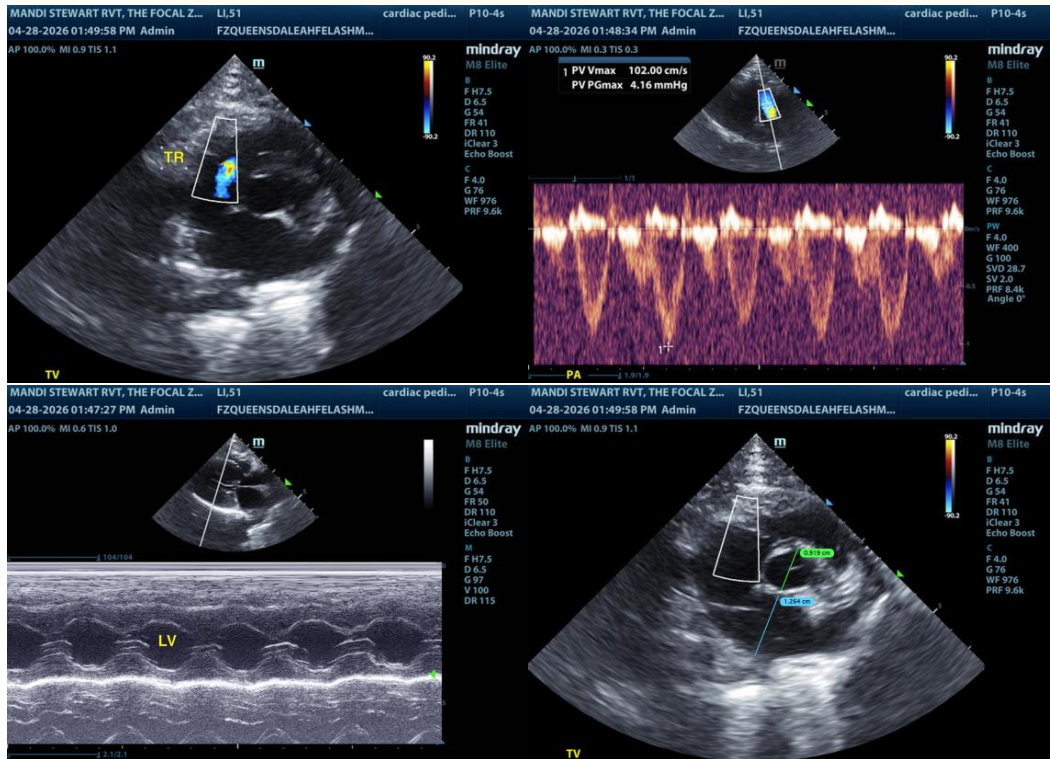
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ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function
- Mild tricuspid insufficiency - no evidence of clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of cardiac clinical issues such as left or right heart chamber enlargement, HCM criteria, LV systolic dysfunction, arrhythmia, or clinical pulmonary hypertension as a cardiogenic cause of the patient's clinical signs. The occasional coughing episodes in this patient are noncardiogenic in origin. There is no indication for cardiac medications. Respiratory support and as-needed antitussive medication are recommended. There are no cardiac anesthetic contraindications.





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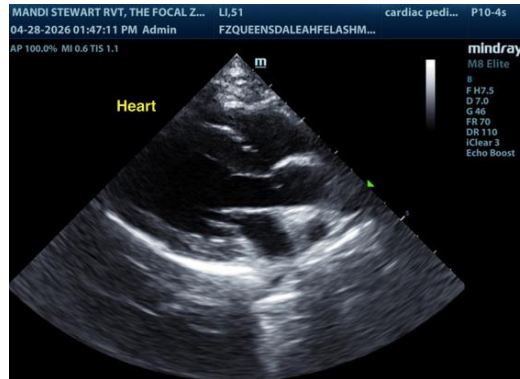
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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