



PATIENT PRESENTING CLINICAL SIGNS

Joey Shott Panting/rapid shallow breathing. Moderately muffled heart sounds L side>R side. MM pk, CRT <2sec

SPECIES Current Medications: Gabapentin 100mg/mL: 0.35mL BID

Feline Lab Results: CBC: - WBCs: 20.34 -Lymphocytes: 7.84 (0.92-6.88) -Monocytes: 1.01 (0.05-0.67) -

BREED Basophils: 0.86 (0.01-0.26) CHEM: -SDMA: 23 (0-14) -Cholesterol: 7.81 (1.68-5.81) Radiographic Findings - cardiac silhouette not clear/ irregular/ enlarged - Trachea pushed dorsally, mass effect vs fluid ? - soft tissue opacities at the cranial and caudal border (more pronounced) of heart noted - cardiac mass vs pericard FNA performed on lung mass

SEX **ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Neutered Male

AGE

10 Years

WEIGHT

4.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road
 Animal Hospital

REFERRING VET

Dr. Khalid

INVOICE

14920

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04/07/26

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	4.87	116	0.46	1.75	0.42	36	70
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	--	1.1	1.2		--	1.0	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** size and structure 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 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. A large to expansive



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nonhomogenous mass occupying the mid to cranial thorax was present measuring at least 8.0 cm in diameter.

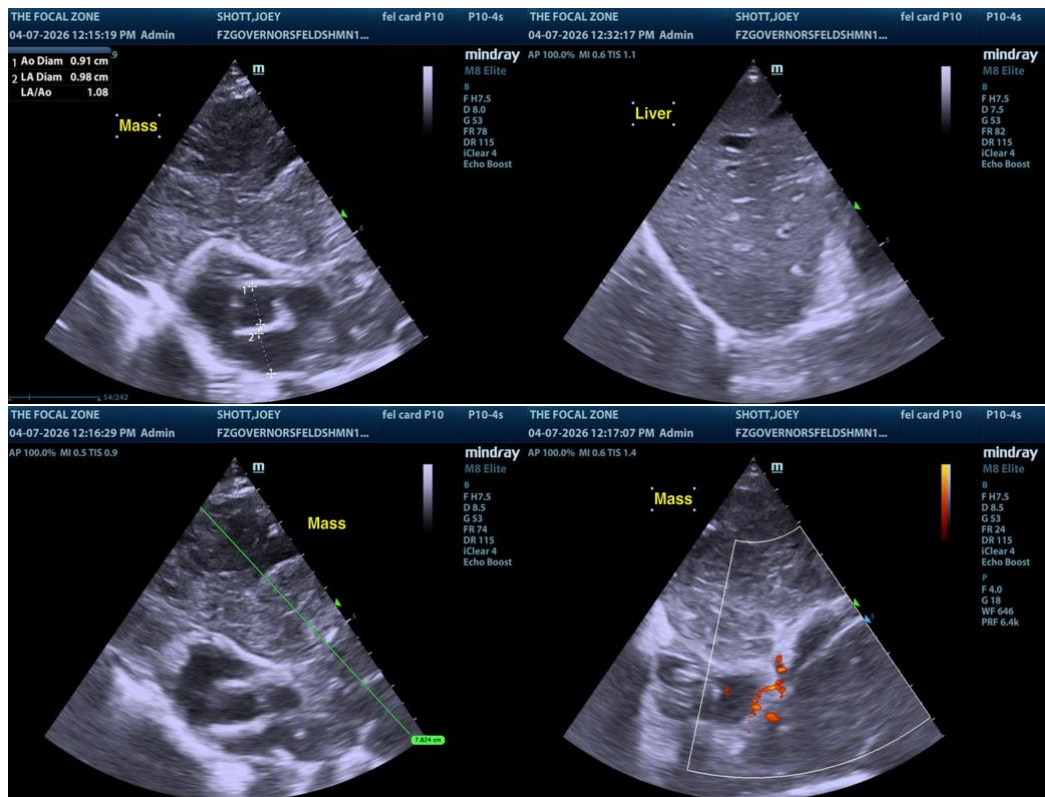
The liver appeared to be within the abdominal cavity exhibiting homogenous parenchyma and subjective mild distended cranial abdomen caudal vena cava measuring 0.90 cm in diameter. No obvious visualized current ascites.

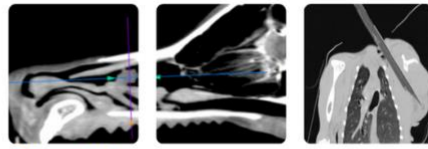
ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure/function.
- Extensive mid to cranial thoracic mass.
- Sonographically unremarkable intra-abdominal liver with possible emerging yet compensated hepatic congestion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic mass is most suggestive of neoplastic criteria and pulmonary origin. Correlation with pending mass cytology is recommended. Thoracic CT may be considered if further clarification is required.





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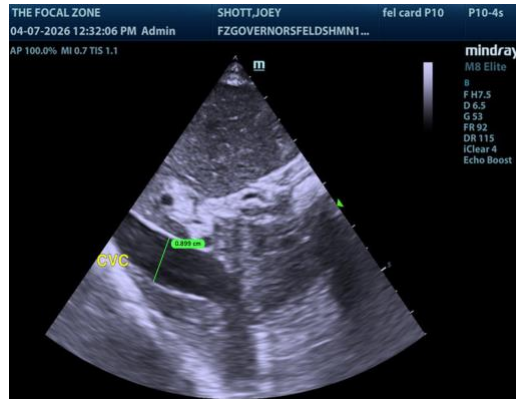
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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