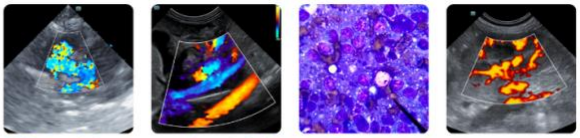

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Meredith Hall

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

13.43 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Stahon

INVOICE

35408

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Chronic cough + sneezing with green discharge noted ~5-6 months ago. Started Azithromycin. No improvement noted. Started Doxycycline 1/5/26. ABNORMAL Labwork Values ALP 78 UA 2+ Proteinuria Chem/CBC/UA otherwise WNL For ECHO Only: Blood Pressure Will provide at the time of the appointment. HR/RR/BP: 300/48 Is there a Heart Murmur? If so, please grade. No murmur Current Medications Doxycycline 40mg PO BID.

Abnormal PE/Chem/CBC/UA Results: Cardiac silhouette: The cardiac silhouette is enlarged (VHS 10.1; reference range 6.8-8.1) with rounding, more pronounced along the caudal and left margins. • Great vessels: The aorta and caudal vena cava are poorly visualized. • Pulmonary vessels: The pulmonary vessels are within normal limits of size and are symmetric to one another. • Lungs: A minimal generalized bronchial pattern is present with no evidence of discrete pulmonary nodules or masses. • Mediastinum: The mediastinum is within normal limits of width and opacity. • Pleural space: Thin pleural fissure lines are appreciable in the DV projection. • Diaphragm: There is indistinct margination of the cranial ventral diaphragm from the cardiac silhouette. Notes to Specialist (if any) Possible peritoneal pericardial hernia.

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	6.1	NM	0.51	1.5	0.57	--	--
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	1.09	1.1	--		--	0.97	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 rhythm appears irregular. The mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is equivocal concentric hypertrophy of the left ventricular walls. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the

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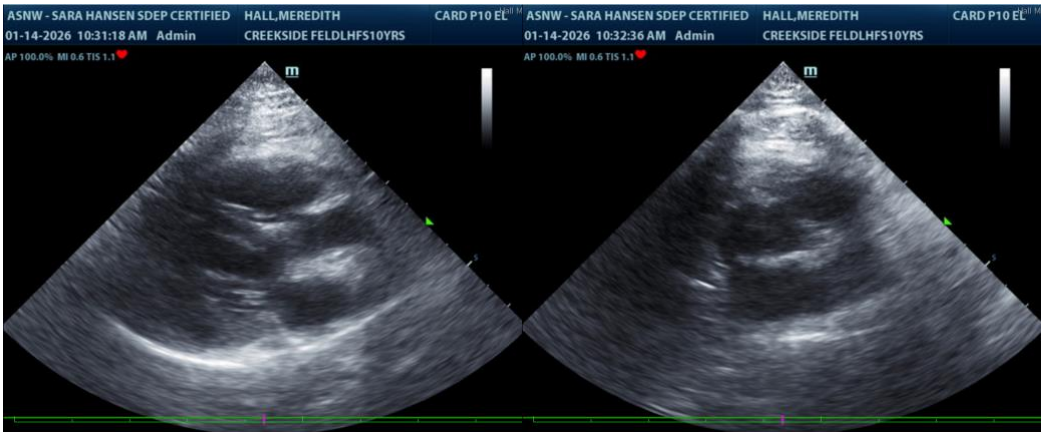
tricuspid valve leaflets and no evidence of pulmonary hypertension on the images provided. The right ventricle appears normal in structure and function subjectively. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Tachycardic, possible arrhythmia
- Equivocal concentric hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's clinical signs is not cardiac, however, there may be an arrhythmia present. I recommend obtaining an electrocardiogram to further assess the patient's rhythm. There is equivocal concentric hypertrophy. Recommend ensuring the patient is normotensive and euthyroid. Recheck echocardiogram, pending electrocardiogram, is recommended in 10-12 months.



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.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com