



PATIENT

Spice Weiner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.66 kg

INTERPRETED BY

Sara Brethel,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Harmon

INVOICE

36839

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Came into the house, first episode was walking and shaking for about a minute and a half and came out of it, seemed very anxious afterwards. Last night, seemed much more confused after the episode, head was moving with eyes following after, shaking and wobbly. Came out of it and seemed like she was improving, but then labored breathing started to present and when they picked PT up, noticed a lot of swelling around the abdomen. Symptoms: Wobbly, Eyes are tracking, shaky, anxious, uncomfortable.

Abnormal PE/Chem/CBC/UA Results: PLAN P triaged to treatment and assessed Gallop rhythm TFAST large volume pleural effusion, very condensed lung fields, difficult to assess lungs left and right atrial enlargement, decreased left ventricular contractility Butorphanol 0.4mg/kg IM Oxygen at 40% ASSESSMENT Respiratory distress r/o CHF, neoplasia, vs open; Gallop Rhythm - suspect cardiac disease ABNORMAL Labwork Values Will email. For ECHO Only: Blood Pressure BP:123/100 (map: 104) HR/RR/BP: HR 230; RR 70, RR 60; BP Is there a Heart Murmur? If so, please grade. None Current Medications None prior to admit.

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	3.66	NM	0.33	1.9	0.35	12.1	--
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	1.75	1.61	1.6		1.53	0.99	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							

LVIDs 1.67, RAD: 1.5, MR VMAX: Underestimated, TR VMAX: 2.59

ECG Interpretation

There is significant baseline artifact rendering the majority of the ECG unable to be interpreted. Of the ECG that can be interpreted, there appears to be a sinus tachycardia with tall r waves.

Cardiac Presentation

The left atrium is mildly to moderately enlarged. The mitral valve leaflets appear normal and there is trivial mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no



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evidence of a left ventricular outflow tract obstruction. There is eccentric hypertrophy of the left ventricle with thinning of the left ventricular walls and left ventricular systolic dysfunction. There is no evidence of concentric hypertrophy. There is right atrial enlargement with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. The aortic and pulmonic valves appear to have normal morphology with normal corresponding outflow velocities. There is no evidence of aortic or pulmonic insufficiency. The aorta, pulmonary artery, and associated branches appear normal. There is scant pleural effusion and pericardial effusion. An intracardiac mass is not identified.

ULTRASONOGRAPHIC FINDINGS

- Dilated cardiomyopathy phenotype with left and right atrial enlargement
- Scant pleural effusion
- Scant pericardial effusion
- Sinus tachycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has a dilated cardiomyopathy phenotype. This is exceedingly uncommon in feline patients. Recommend ensuring the patient is on a carnivorous diet and that there is no history of previous parvo virus, other infectious diseases, and a vegetarian diet. If the patient has been on a vegetarian diet, recommend switching and starting taurine supplementation. There is pleural effusion and signs of congestive heart failure. Recommend starting furosemide at a dose 1.0 – 1.5 mg/kg twice daily and pimobendan at a dose of 0.27 – 0.32 mg/kg twice daily. Recommend ensuring kidney values are within normal limits, along with electrolytes. Also recommend ensuring the patient is normotensive and euthyroid. Given the atypical nature of DCM in cats, recommend submission for fluid analysis and cytology. Phenotypic appearances of DCM could include infiltrative disease, neoplastic, infectious, and dietary, or idiopathic. Due to the complex nature of the patient’s cardiac disease, recommend referral to a veterinary cardiologist. If not moving forward with referral, recheck kidney values and fluid assessment is recommended in 1-2 weeks. At that recheck, as long as kidney values are doing well and the patient is clinically improved, recommend starting ace inhibitors at a dose of 0.5 mg/kg once to twice daily. 2-3 weeks after starting ace inhibition, recommend rechecking kidney values, electrolytes, and blood pressure. Recheck echo is recommended in 3-4 months. Unfortunately, given the nature of this patient’s cardiac disease, this patient is at risk of sudden cardiac death and has a grave prognosis of unfortunately less than 6 months.



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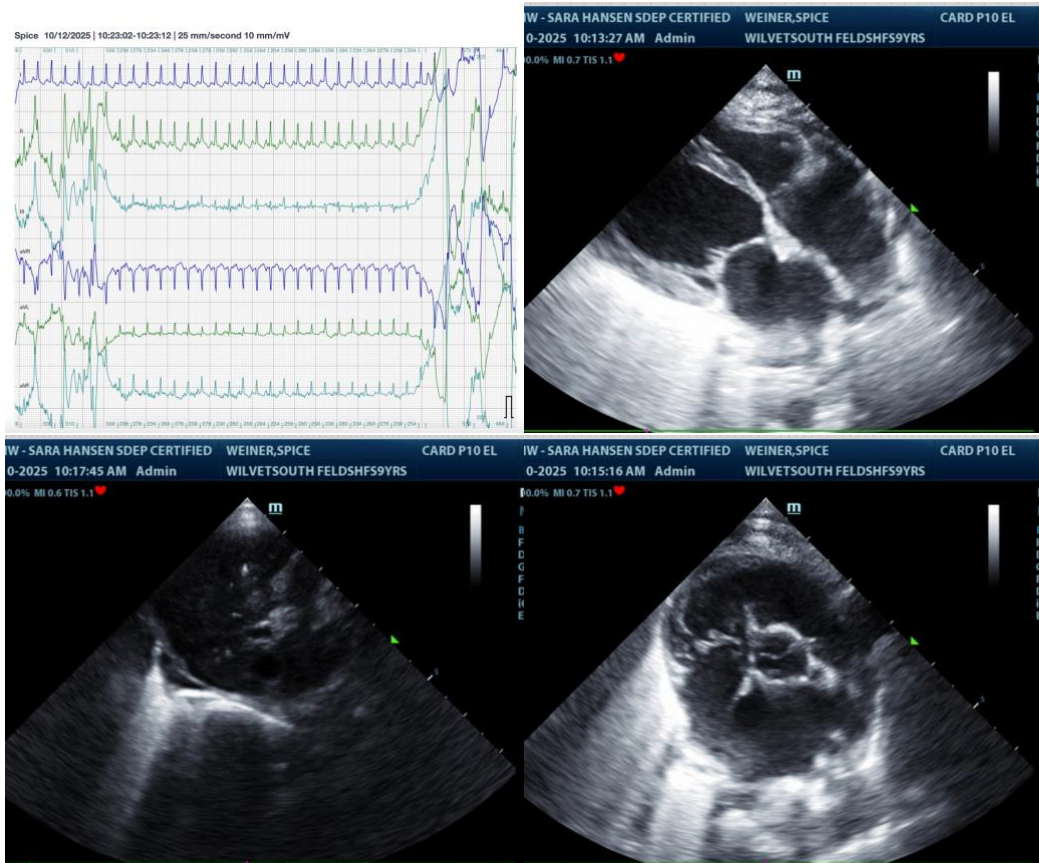
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

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