



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 Veterinary
Clinic

REFERRING VET

Dr. Strahon

INVOICE

13638

DATE

02/09/26

PRESENTING CLINICAL SIGNS

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

ECG

There is a significant amount of baseline artifact, and the ECG boxes are difficult to identify. With the rhythm strips provided, there does appear to be a sinus rhythm without evidence of a significant tachycardia or arrhythmia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If there is persistent tachycardia or an irregular rhythm is auscultated, can consider a Holter monitor for this patient. Otherwise, following up in 10 to 12 months as recommended in the previous echo report performed.

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.

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