



PATIENT

Bashiri Daniels

SPECIES

Feline

BREED

Savannah

SEX

Neutered Male

AGE

2 Years

WEIGHT

11.7 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Julia Bakker DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Josie Hamilton
DVM

INVOICE

14380

DATE

03/17/26

PRESENTING CLINICAL SIGNS

- mid to late January, P started vomiting, was lethargic, and had a decreased appetite. BW showed a mildly elevated ALT and BNP elevation
- AUS showed abdominal effusion
- Echo recommended as next step

Abnormal PE/Chem/CBC/UA Results: BNP 1500 Radiographs, labwork, AUS report attached

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	5.32	NM	0.43	1.97	0.41	8.6	--
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)	LVIDS (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	3.54	2.7	NM		NM	0.47	1.8
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 mitral valve leaflets are normal with mild mitral regurgitation centrally directed. There is no prolapse of mitral valve leaflets. The left atrial size is severely increased. There is evidence of a hyperechoic lesion within the left atrium and left auricle. LV internal dimensions during diastole are increased and systolic function is decreased in the face of mitral regurgitation. The left ventricle is hypodynamic without thinning of the left ventricular walls. There is severe right atrial enlargement with evidence of tricuspid regurgitation. The tricuspid valve leaflets are normal. There is no evidence of pulmonary hypertension on this evaluation. Subjectively, the right ventricle appears to have decreased systolic function. The aortic and pulmonic valves had normal morphology. There was no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There appears to be scant pleural and pericardial effusion. Left atrial thrombus measured 2.27 cm x 1.58 cm.

ULTRASONOGRAPHIC FINDINGS

- Dilated cardiomyopathy phenotypes.
- Severe left atrial enlargement.



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- Suspect thrombus within the left auricle.
- Right atrial enlargement.
- Right ventricular systolic dysfunction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have a dilated cardiomyopathy phenotype with severe left atrial enlargement, suspect left atrial thrombus, right atrial enlargement and subjective right ventricular systolic dysfunction.

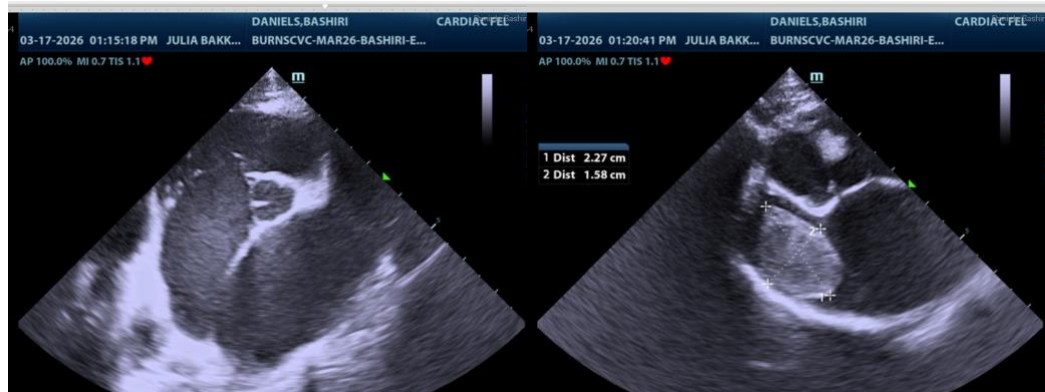
Differentials include dilated cardiomyopathy versus restrictive physiology versus non-specified cardiomyopathy. This patient is at a severe risk of sudden cardiac death, and I would strongly encourage referral to a veterinary cardiologist for continued management. If not moving forward with referral, given the presence of pericardial and pleural effusion, recommend initiating furosemide therapy at a dose of 1.5 to 1.7 mg twice daily, Pimobendan therapy due to the systolic dysfunction and to help with blood flow within the left auricle at a dose of 0.27 to 0.32 mg/kg and clopidogrel at a dose of 18.75 mg once daily (0.25 of a 75 mg tablet).

Recommend ensuring the patient is normotensive and euthyroid. If there's any history of a nontraditional grain-free or vegetarian diet, I would strongly recommend changing to a primary carnivorous diet. I also recommend starting taurine at a dose of 100 to 150 mg twice daily

7-10 days after starting therapy, recommend rechecking kidney values and blood pressure, fluid check and chest radiographs. If the patient is doing well, eating better, can start an ACE inhibitor at a dose of 0.5 mg/kg once to twice daily. 2-3 weeks after starting ACE inhibition, recheck kidney values are recommended.

Recheck echo is recommended in 2-4 months. Strongly recommend obtaining an electrocardiogram on this patient as well. Elective anesthetic procedures are not recommended.

The patient's prognosis is guarded.



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.



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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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