

PATIENT

Cotton Clark

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

10.75 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

- P previously diagnosed with emphysema/asthma
- mild cardiac enlargement on rads
- Concern for treating the asthma with steroids if there is underlying cardiac dz

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	4.88	195	0.51	1.5	0.45	58	--
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	--	1.33	1.6		1.12	1.07	0.63

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 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 no evidence of left ventricular concentric hypertrophy. There is normal right atrial size with trivial tricuspid regurgitation. There is no prolapse of the 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

- Trivial tricuspid regurgitation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is trivial tricuspid regurgitation but the rest of the cardiac structures measure within normal limits. Can move forward with steroids. In general, I do always caution steroid therapy in cats with monitoring of breathing rates especially with the history. The patient should have resting respiratory

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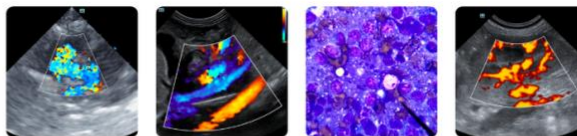
Kathleen Byrnes

HOSPITAL NAME

King Veterinary Hospital

REFERRING VET

Dr. Aldridge



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rates monitored. Recheck echo in 10-12 months to monitor the tricuspid regurgitation. Also recommend ensuring the patient is heartworm negative for both antibody and antigen.



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)

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