



PATIENT

Frida Sotta

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

6 Years

WEIGHT

13.4 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Shelton

INVOICE

36579

DATE

4/13/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented two weeks ago for NQR, Temp 105F, Chin acne, suspected oral pain, Rechecked 4/7 sedated exam possible dental, Temp 103F, constrictive breathing pattern post sedation, Cystitis present, Three view chest rads with radiology consult: Suspect Cardiomegaly with pleural effusion, Rechecked 4/9, Pleural effusion not large enough to tap on my ultrasound, Temp down to 102.5F, chin acne clearing with mupirocin and clavamox

ABNORMAL Labwork Values: TP 8.8, Stress leukogram, Cre 0.7, BUN 11.9 Everything else normal, For ECHO Only: Blood Pressure to be performed day of, HR/RR/BP: 156HR, 48RR, Is there a Heart Murmur? If so, please grade. No heart murmur present, Current Medications: Clavamox, Radiographic Findings: From Rad consult: Moderate to marked cardiomegaly is present, with generalized unstructured pulmonary interstitial opacity, and pleural fluid.

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	6.09	NM	0.45	1.39	0.6	--	--
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)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.22	1.1	--		NM	0.84	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 left atrium is within normal limits. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is equivocal to mild concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal without evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves are normal without evidence of insufficiency. Aortic and pulmonic outflow velocities are within normal limits. The aorta and PA are normal along with the associated PA branches. There is evidence of pleural effusion and pericardial effusion. An intracardiac mass is not identified.



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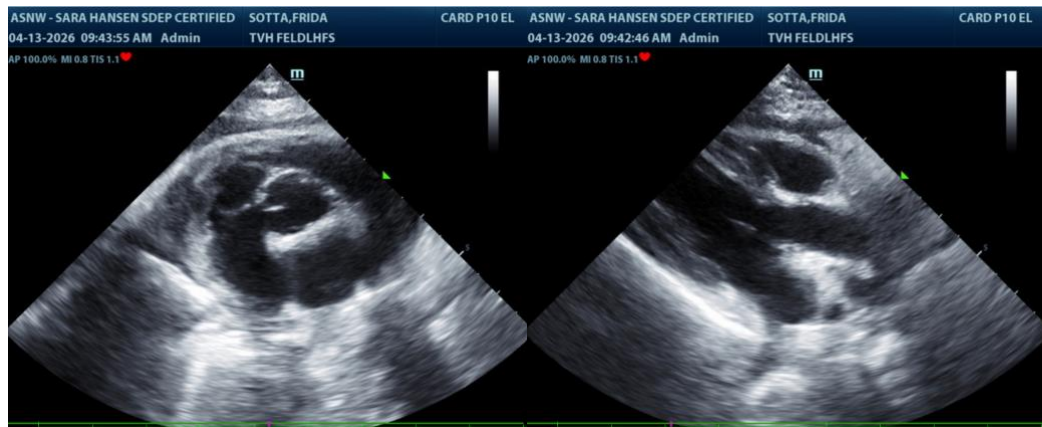
4/13/26

ULTRASONOGRAPHIC FINDINGS

- Equivocal to mild left ventricular concentric hypertrophy
- Normal left atrial size
- Pleural effusion
- Pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient does have equivocal to mild changes to the left ventricle. With the normal left atrial size, in the face of normotension and the patient being euthyroid, this likely represents some early hypertrophic cardiomyopathy, however, given the effusion identified, this is not cardiac in nature. Cardiac therapies are not recommended. Recommend obtaining sample of the effusion for further analysis and testing, consider referral. With the patient's elevated body temperature and diffusion, an infectious component is prioritized as a top differential. A recheck echocardiogram is recommended in a year.



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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