



PATIENT

Chase Kocis

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact male

AGE

6 months

WEIGHT

3.43 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Burford VH

REFERRING VET

Dr. Richards

PRESENTING CLINICAL SIGNS

- Grade 4/6 heart murmur persists on PE, first noted Dec 2025.
- Patient is not showing any signs of heart disease, no exercise intolerance etc
- Recommend Echo to work up prior to GA for neuter surgery and how to manage patient going forward
- Given Gabapentin for US

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension as well as wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation. There is no evidence of systolic anterior mitral valve motion documented. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

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	3.43 kg	210	0.5	1.16	0.5	78	99
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	NM	1.07	1.59		0.9	1.5	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							

INVOICE

72357

DATE

3/9/26

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. There is evidence of structural or congenital heart disease documented. The lack of any significant chamber dilation excludes the possibility of any hemodynamically significant abnormalities at this time. Any murmur auscultated will be considered functional in origin.



PATIENT

Chase Kocis

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact male

AGE

6 months

WEIGHT

3.43 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Burford VH

REFERRING VET

Dr. Richards

INVOICE

72357

DATE

3/9/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. If the murmur persists, a repeat evaluation is recommended in 6 months, when the patients will be presumably full grown. Given the difficulty with imaging this patient, sedation may be useful in obtaining high quality images required to document most forms of congenital heart disease.

Anesthesia considerations:

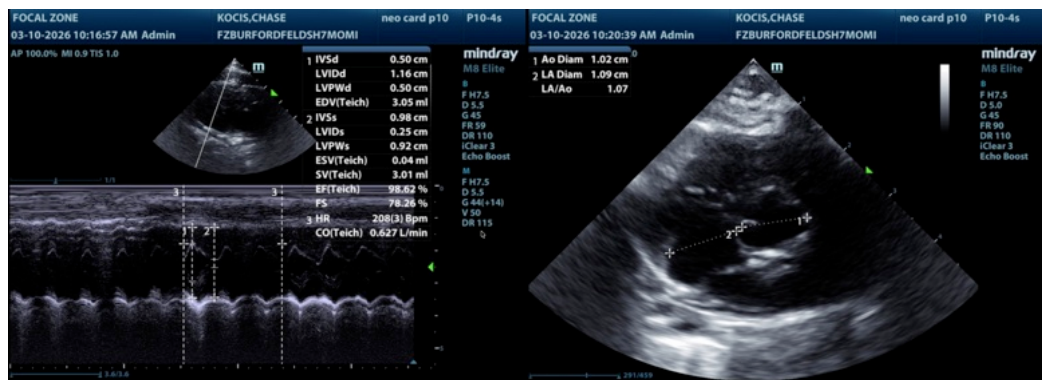
No special cardiac considerations are necessary at this time.

Diet:

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:

No special considerations are necessary.



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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com