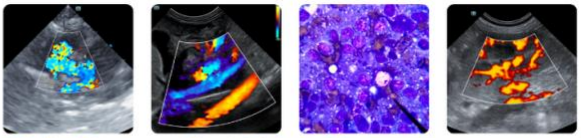


PATIENT

Persi Docena

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

16 Pounds

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

37266

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Grade 2/6 HM

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	7.27	140	0.49	1.7	0.49	50.6	--
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	1.49	--	1.47		1.2	0.8	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 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 function is normal. Transmitral E and A waves are consistent with a delayed relaxation pattern of left ventricular filling. There is no evidence of left ventricular concentric hypertrophy. There is normal right atrial size without evidence of 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 pulmonary valves have normal morphology, and the corresponding outflow velocities are within normal limits. The right ventricular outflow tract doppler signal is occasionally late systolic peaking, raising the possibility of a dynamic right ventricular outflow tract obstruction. There is no evidence of pulmonary or aortic valve 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

- Normal LV wall thicknesses with normal left atrial size.
- Left ventricular diastolic dysfunction – r/o normal variation versus emerging cardiomyopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT

Persi Docena

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

16 Pounds

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

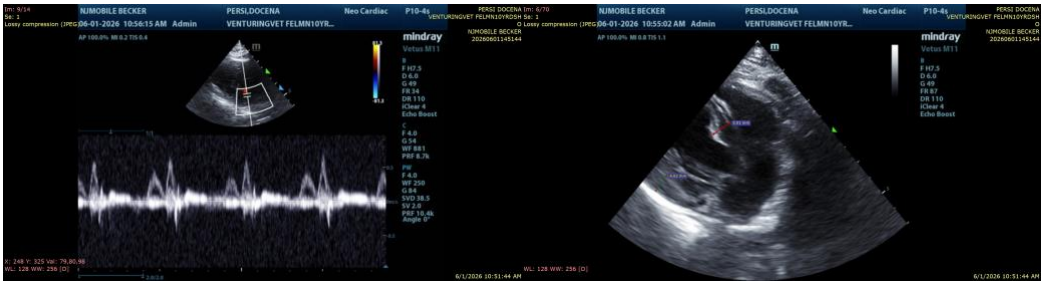
INVOICE

37266

DATE

6/1/26

The echocardiogram did not reveal any significant underlying structural cardiac disease. However, the delayed relaxation pattern of LV filling may be a normal variation in this patient. However, an emerging or mild cardiomyopathy is a possibility. No cardiac medications are recommended at this time. However, a recheck echocardiogram in 9 - 12 months is recommended to monitor this change to determine if a cardiomyopathy develops.



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.

James Wood, DVM, DACVIM (Cardiology)

info@SonoPath.com