

PATIENT

Lucifer Melo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

4.6 kg

INTERPRETED BY

James Wood, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Queensway VH

REFERRING VET

Dr. Afifi

INVOICE

37319

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Severe heart murmur. Primary Question to Be Answered in This Exam: What's the severity of heart murmur/disease.

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 | 4.6 | 187 | 0.56 | 1.43 | 0.48 | 43.4 | -- |
| 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 | 1.4 | 1.5 | 1.46 | | 1.5 | 1.16 | 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 | | | | | | | |

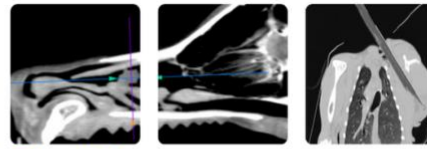
Cardiac Presentation

The mitral valve leaflets are normal in appearance. The left atrial size is normal. There is systolic anterior motion of the mitral valve, resulting in a dynamic LVOT obstruction and mild eccentric mitral valve insufficiency. The diastolic function was not assessed. 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. 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

- Systolic anterior motion of the mitral valve – r/o mild mitral valve dysplasia versus occult cardiomyopathy versus variation of normal.
- Normal LV thickness
- Normal left atrial size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The echocardiogram revealed systolic anterior motion of the mitral valve as the cause of the murmur. While this finding is usually associated with hypertrophic cardiomyopathy, the echocardiogram revealed no evidence of a cardiomyopathy today. This finding may be an indication of a mild congenital defect to the mitral valve - mitral valve dysplasia, or as a very early finding of cardiomyopathy, or possibly as a variation of normal. Regardless, given the normal left atrial size, the risk of adverse cardiovascular outcomes in the near future is considered low. No cardiac medications are recommended at this time. A recheck is reasonable in 6 months to evaluate for any progression.

Monitoring

It is very important to catch any clinical signs concerning for emerging CHF as early as possible. The client should be closely monitoring and ideally tracking the sleeping respiratory rate. The sleeping RR should be between 10-30 breaths per minute or less (ideally in the teens or low 20s). **If the resting RR is trending upward**, consistently >35/min while resting/sleeping, the patient should be seen urgent for evaluation to determine if CHF is developing. If your pet is ever unable to use one or more of their limbs, seek emergency veterinary attention. *RECHECK ASAP for thoracic radiographs if there is increase in RR to detect early CHF and avoid ER presentation**



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)

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