



PATIENT

Mochi Kharran

PRESENTING CLINICAL SIGNS

Dental calculus and stomatitis

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 3/6 moderate to severe stomatitis

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

FS

AGE

5

WEIGHT

13

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	13	NM	0.57	1.56	0.46	48	82
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	--	1.2	1.2		--	1.4	NM

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

Cardiac Presentation

The interventricular septum is borderline hypertrophied with regions of mild myocardial irregularity. Diffuse hyperechoic endocardium consistent with mild fibrosis and IVS remodeling. Normal left atrial dimension, no spontaneous contrast. There is systolic anterior motion (SAM) of the mitral valve present, with mild eccentric MR on Doppler secondary to SAM. Dynamic LVOT profile. There is mild to moderate eccentric mitral regurgitation present secondary to SAM. Normal right atrial size. Normal right ventricle size. Normal RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

IMAGING PERFORMED BY

Dr Sharkawy

ULTRASONOGRAPHIC FINDINGS

Primary

- Borderline thickened IVS with LV myocardial remodeling, adequate LV systolic function
- Normal LA
- Subjective SAM with secondary eccentric MR

HOSPITAL NAME

Union Vet Animal Hospital

REFERRING VET

Dr Sharkawy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation is most consistent with compensated hypertrophic obstructive cardiomyopathy, indicating some degree of dynamic LV outflow obstruction secondary to SAM. The lack of left atrial enlargement indicates the current and future risk of spontaneous CHF or thrombotic event is low.

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No obvious indication for cardiac medication at this stage. Monitoring of resting heart rate would be ideal if evidence of tachycardia. Atenolol 25 mg tab 1/4 tab SID with monitoring of heart rate (target stress rate 140 to 160 BPM) could be considered.

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Sonographic monitoring is recommended for further assessment and prognosis. Recheck echo recommended in 6 months, sooner if clinical issues arise.

BREED

DSH

Current anesthetic risk is considered low to mild. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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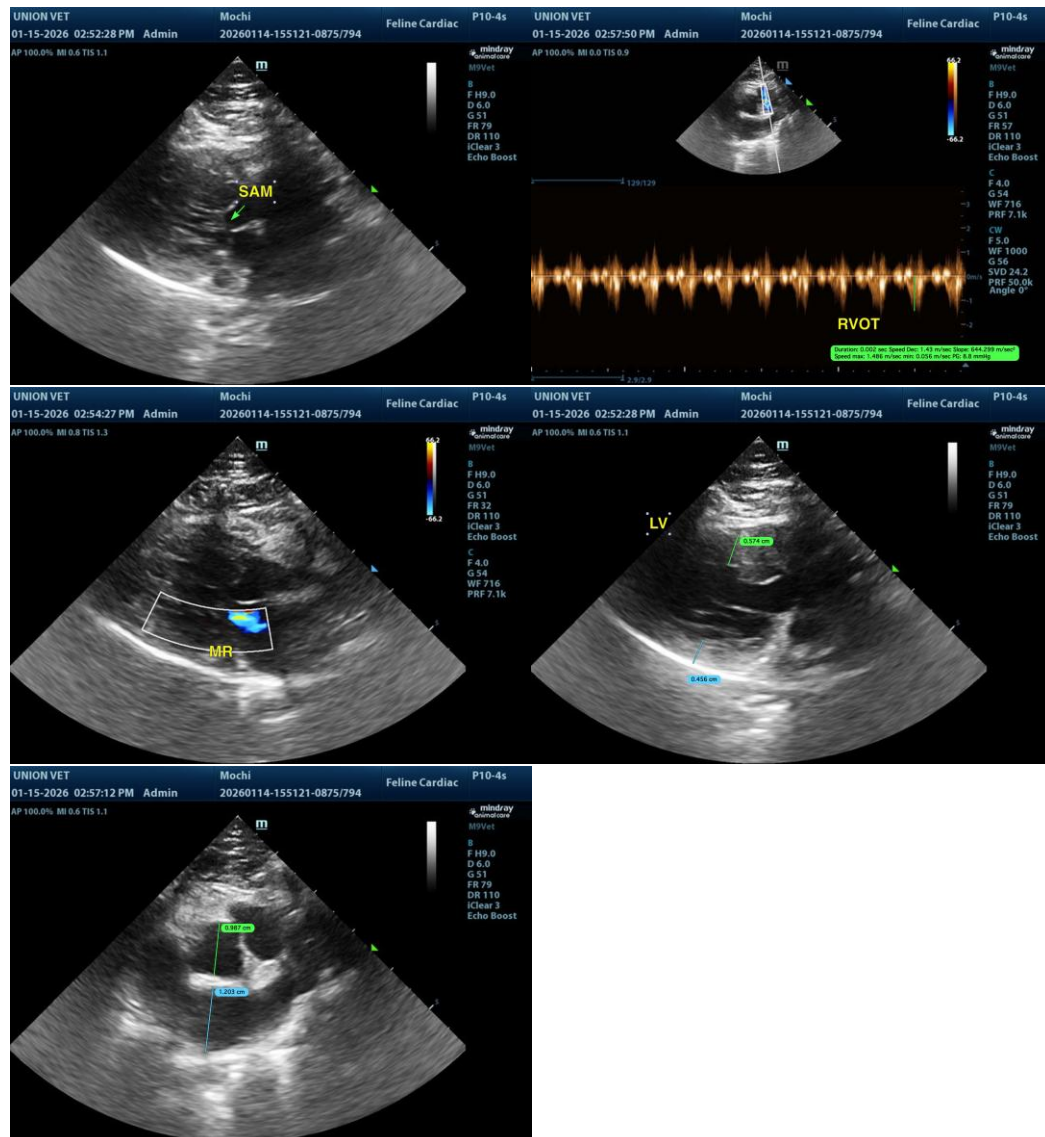
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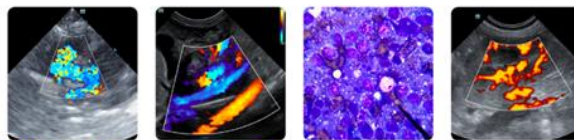
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com

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