



PATIENT PRESENTING CLINICAL SIGNS

Max Tarpinian Diagnosed w/ bladder stones/grit on rads causing significant hematuria and discomfort- obese- HM gr 2-3 echo rec'd to evaluate cardiac function prior to cystostomy

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Feline

BREED

Maine Coon

SEX

MN

AGE

8yr

WEIGHT

11kg

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	11kg	NM	0.52	1.25	0.57	45	78
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	1.3	1.1	1.3		1.5	1.4	NM

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

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR present on Doppler. The left ventricle presented normal thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity was present. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology and kinetics. No overt TR present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity was present.

No visible pericardial or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial mediastinum and pericardial regions were free of masses in the visible window. Increased amount of subcutaneous and pericardial fat.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure / function

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

BV Edgewater

REFERRING VET

Dr Harker

INVOICE

23582

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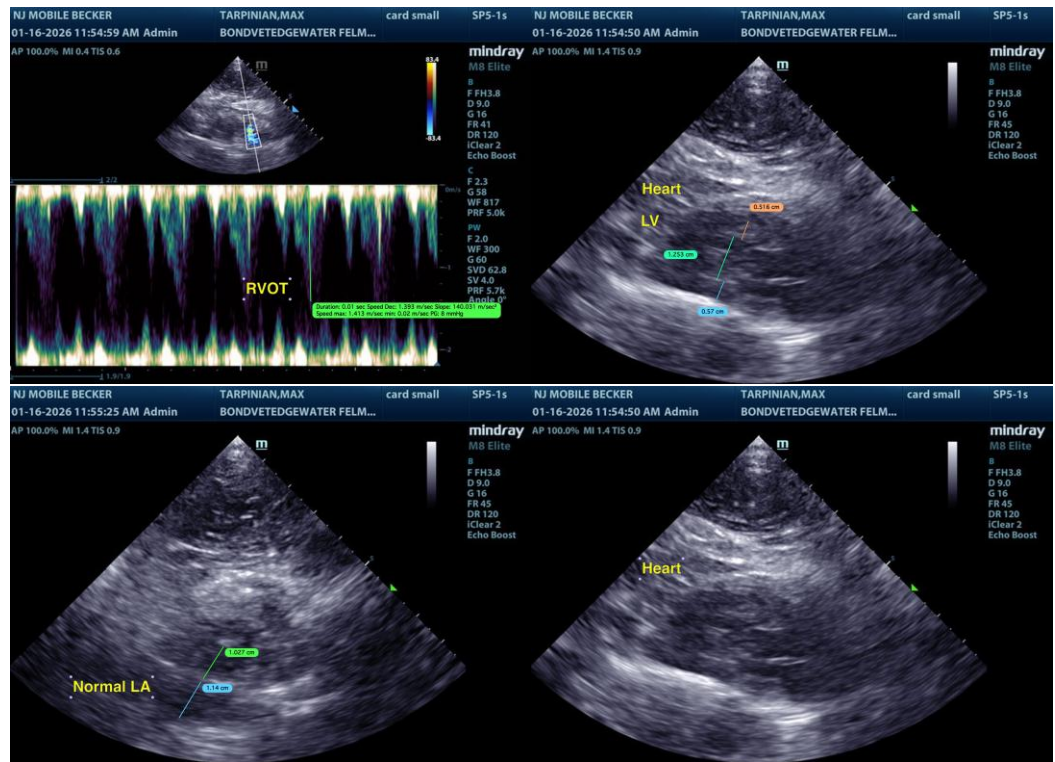
01/16/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Visualization of the heart was limited owing to patient size, body condition and increased amount of subcutaneous and pericardial fat. No evidence of structural or functional cardiomyopathy such as left or right heart chamber enlargement or LV systolic dysfunction.

A definitive cause of the murmur was not obvious. A benign flow murmur is probable although a small non-visualized flow abnormality cannot be excluded. Regardless, the hemodynamic effects of the murmur appear low.

No overt indication for cardiac medication. Without evidence of left or right heart chamber enlargement or functional cardiomyopathy, anesthetic risk is likely mild. Conservative monitoring of the murmur going forward is advised with recheck echo suggested in 6-12 months, sooner if clinical signs initiate or if increase in murmur intensity.



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.



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info@sonopath.com

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