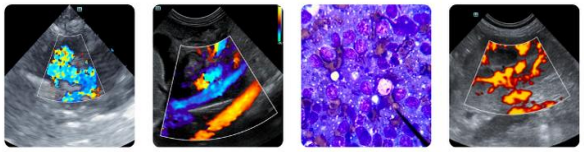


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Katy Morrissette

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
14yr

WEIGHT
10lb

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

IMAGING PERFORMED BY
Meghan Morse

HOSPITAL NAME
Loving Care Veterinary

REFERRING VET
Dr Steele

INVOICE
23621

DATE
01/19/2026

PRESENTING CLINICAL SIGNS

- Increased ProBNP 1432

Abnormal PE/Chem/CBC/UA Results: Increased WBC, neuts, monocytes, eos, basophils, and plts

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	10lb	NM	0.49	1.55	0.49	40	75
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	1.7		1.1	1.0	--
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

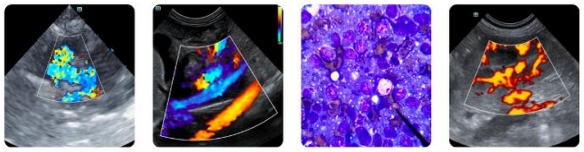
Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. Minor 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. No evidence of arrythmia.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure/ function



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- Minor mitral valve insufficiency

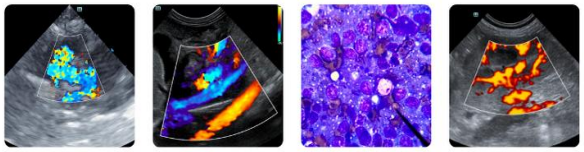
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as left or right or chamber enlargement, LV systolic dysfunction, HCM criteria vs other structural cardiomyopathy or clinical pulmonary hypertension. The minor MR is not hemodynamically significant given lack of LA enlargement at this time. No indication for cardiac medications. Anesthetic risk is considered mild.

Monitoring of BNP level and as needed echocardiogram going forward is advised. Recheck echo suggested in 6-12 months sooner if increasing BNP level or if clinically indicated.

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.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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www.SonoPath.com
info@sonopath.com 800.838.4268

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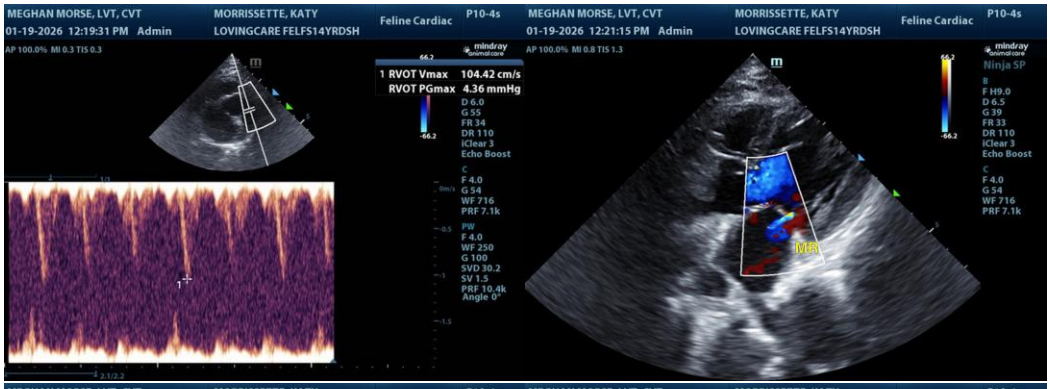

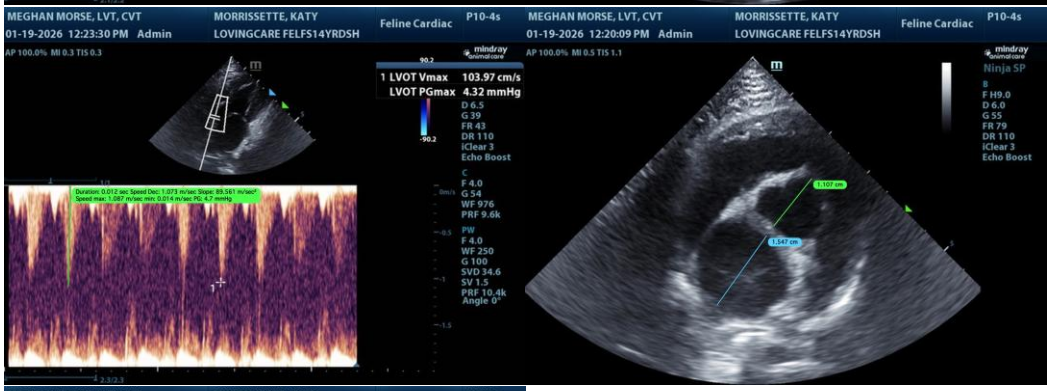

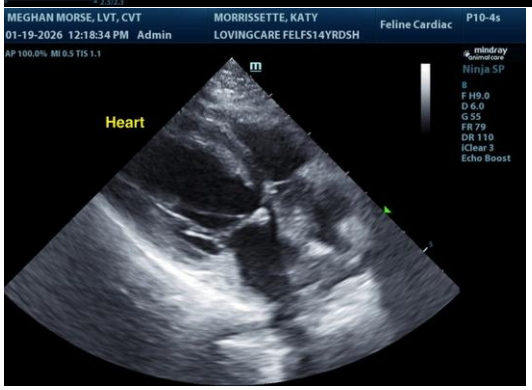

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com