



PATIENT

Cynth Plitz

PRESENTING CLINICAL SIGNS

- Heavy breathing
- stray cat

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 2-3/6

BREED

DSH

SEX

M

AGE

9

WEIGHT

10.2

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 | 10.2 | NM | 0.51 | 1.68 | 0.50 | 46 | 79 |
| 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 | -- | 2.0 | 2.2 | | -- | 1.2 | 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)

IMAGING PERFORMED BY

Dr Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Ray

INVOICE

23648

DATE

01/21/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate enlarged left atrial size based on 2 separate LA measurements. No evidence of spontaneous contrast or LA thrombus. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR on Doppler. The left ventricular septum and free wall revealed normal thicknesses, adequate contractility and normal left ventricular volume, yet some echogenic remodeling of the septum and free wall were noted consistent with some level of myocardial fibrosis and mild alinear myocardial contour. The left ventricular outflow tract demonstrated subjective structural integrity. The right atrium and auricle revealed increased size and normal content. RA diameter measured 2.2 cm. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinetics. Mild TR on Doppler. The right ventricle was mildly enlarged in size with normal 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. 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.

ULTRASONOGRAPHIC FINDINGS

Primary

- Biatrial enlargement
- Normal LV dimension /contractility with mild myocardial remodeling



PATIENT

- Mild compensated right ventricle enlargement

Cynth Plitz

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Biatrial enlargement in the face of normal LV wall thickness suggests unclassified cardiomyopathy, although burnout or end stage HCM can have this appearance. The degree of atrial enlargement indicates the current and future risk of complication is at least moderately elevated. Multifactorial component to the coughing, which may include emerging to early cardiac congestion, concurrent primary lower airway disease or combination possible. Correlation with three view chest radiographs to assess for evidence of pulmonary disease or edema is recommended. If elevated resting RR, which may suggest congestion is present, Lasix trial at lowest effective dose with clinical monitoring and reassessment as well as concurrent as needed respiratory support is recommended. Clopidogrel 75 mg tab 1/4 tab PO SID is recommended.

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Echocardiographic monitoring is required for further assessment and prognosis. Recheck echo is suggested in 4-6 months, sooner if progressive clinical signs or increase in murmur intensity.

AGE

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Anesthetic risk is moderately elevated. If required, the following protocol is suggested with limited anesthetic time and judicious IV fluid use. 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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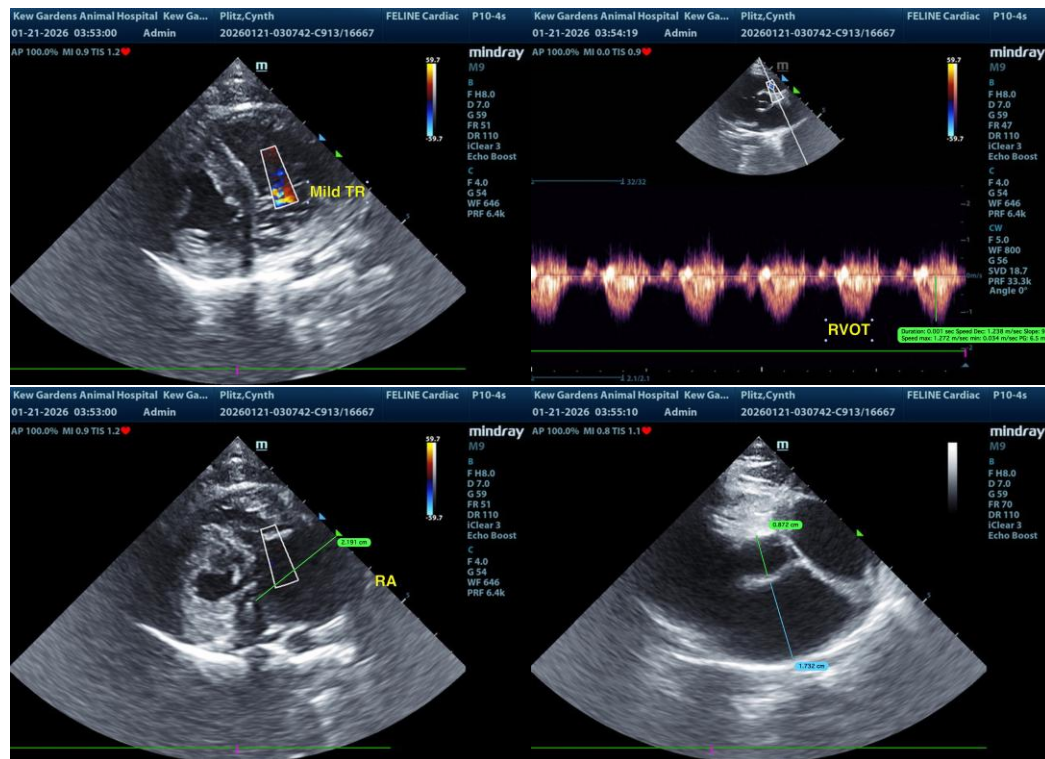
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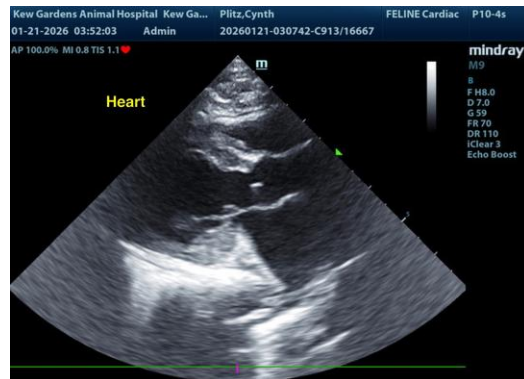
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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