

PATIENT

Merlin Hendershot

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12

WEIGHT

20.12

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Renee Ziegler-Post

INVOICE

10569

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History:

- Recheck echocardiogram, previously diagnosed with LV hypertrophy likely due to Hypertrophic cardiomyopathy (HCM) (mild/moderate) Normal LA dimensions

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	20.12	NM	0.50	1.44	0.55	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	-	1.4.5	1.8		-	-	-
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 echocardiogram in this patient demonstrated borderline increased **left atrial** dimension based on LA measurement, within normal limit LA/AO heart base measurement. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. 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. **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 subjective normal structural integrity. The **right atrium** and auricle revealed borderline increased dimension with normal structure and content (RA diameter 1.5 cm). No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** presented mild increased size compared to the LV, normal chordae structure, myocardial echogenicity and free wall thickness. **Pulmonic** tract assessment revealed normal valve structure and diameter (approx. 1:1 pa/ao ratio). 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.



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ULTRASONOGRAPHIC FINDINGS

- Non-thickened LV with adequate LV function
- Borderline increased LA dimension
- Borderline to mild RA / RV dimensions

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The LV did not meet HCM criteria, which could potentially indicate resolved previously noted hypertrophy or pseudohypertrophy. Potential emerging unclassified cardiomyopathy, given borderline biatrial enlargement and subjective mild right ventricular enlargement in the face of current normal LV wall thickness, is not excluded. Overall, the heart appears to be stable without congestive criteria. There is no indication for cardiac medications. Sonographic monitoring is recommended for further assessment and prognosis. A recheck echocardiogram is recommended in 6 months, sooner if clinical signs arise. Anesthetic risk is considered mild. If required, the following protocol is recommended.

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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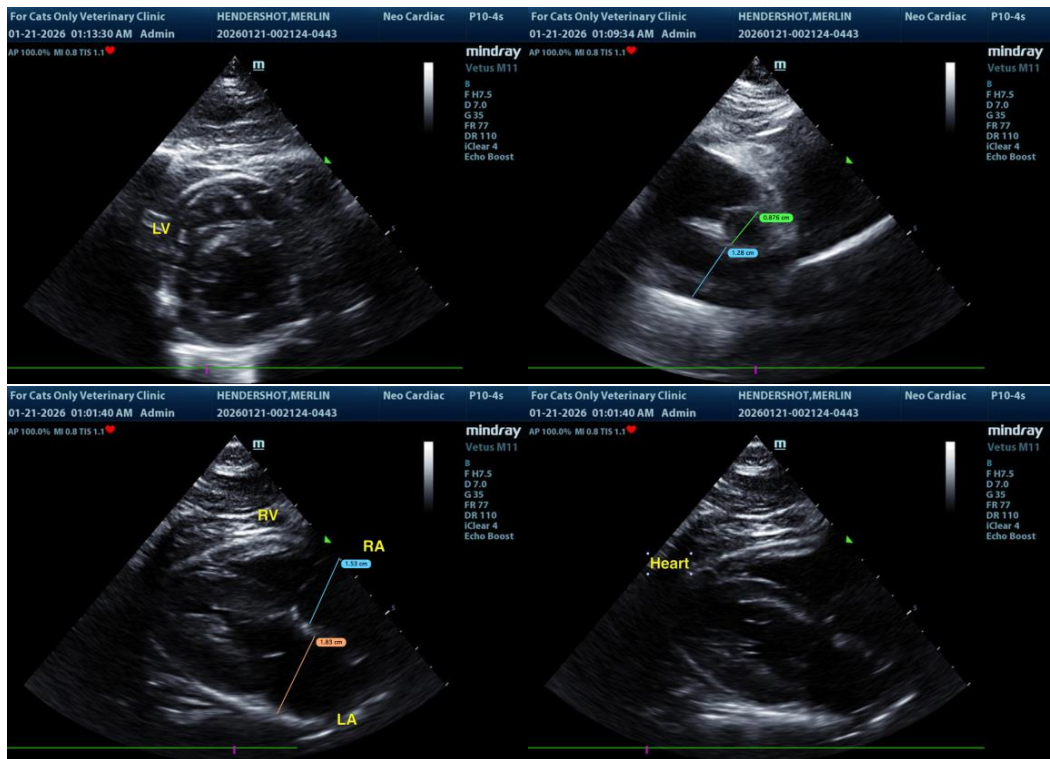
Renee Ziegler-Post

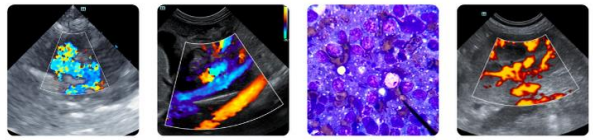
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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