



PATIENT

Crystal Bonzalo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

10.92 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Smithfield Animal
Hospital

REFERRING VET

Dr. Boe

INVOICE

13322

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Grade 3 heart murmur, Dental Dz
- Lab abnormal: ProBNP 563, SDMA 15 BUN 39 Albumin 4.0

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	10.92	NM	0.58	1.4	0.61	42	74
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	--	1.5	1.5		3.1	1.0	NM
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 left ventricular wall is mildly hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. There is indistinctly visualized systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity seen on color flow. 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.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy with LV remodeling/fibrosis.
- Normal LA.
- Mild eccentric MR.
- Elevated measured LV outflow velocity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is secondary to mild dynamic LVOT obstruction (SAM) and mild eccentric MR. The lack of LA enlargement indicates the current and future risk of complication i.e. CHF or thrombotic event is low. Given the degree of dynamic LV outflow obstruction and increased measured



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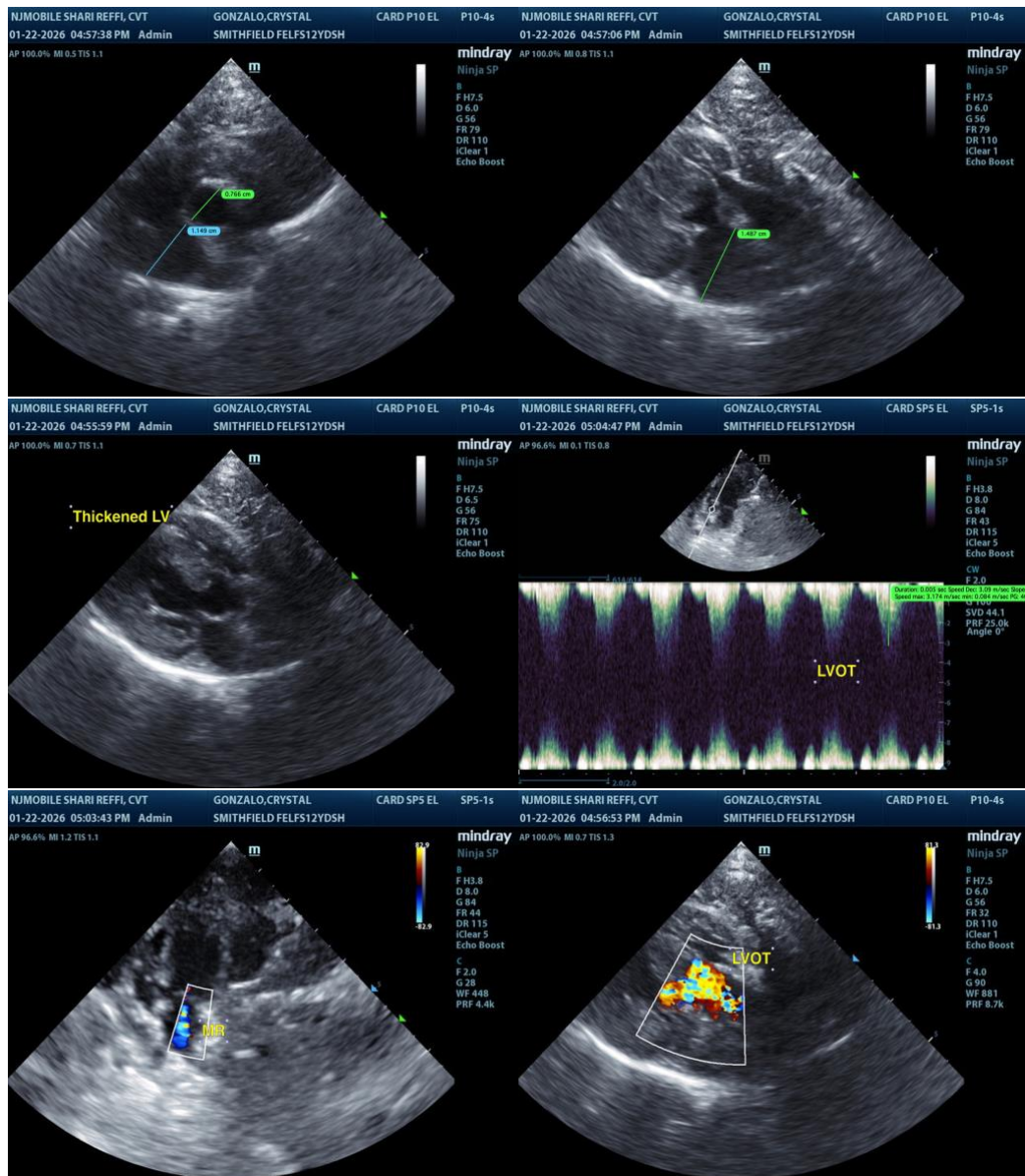
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LVOT velocity or if evidence of tachycardia, atenolol 25 mg tab, 0.25 tab PO SID is warranted. No indication for additional cardiac medication. Serial sonographic monitoring advised for further prognosis. Recheck echo is suggested in six months or sooner if clinically indicated. Assessment and monitoring a T4 level and systemic BP for evidence of complicating factors is suggested. Current cardiac anesthetic risk is considered mild. If required, the fine protocol is suggested. 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.



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.



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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