



**PATIENT PRESENTING CLINICAL SIGNS**

Lily Sadler History:

**SPECIES**

Feline

- Suspect CHF, change meds?
- 3/6 sternal murmur Elev. RR/RE, littermate dies from CHF. Cardiomegaly, abnormal BNP
- Meds- Furosemide 12.5 1/2 bid, clopidogrel 75mg 1/4 sid, pimo 1.25 1/2 bid

**BREED**

DLH

Abnormal PE/Chem/CBC/UA Results: Probnp abnormal

**SEX**

Female Spayed

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**AGE**

16y 4m

**WEIGHT**

8.9 lbs

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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	--	157	0.52	1.45	0.45	55	85
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	1.4		1.0	0.95	--

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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**Cardiac Presentation**

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

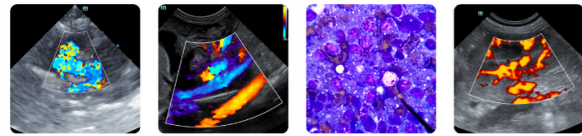
**INVOICE**

13132

**DATE**

1/27/26

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. The **mitral** valve leaflets were indistinctly visualized exhibiting subjective mild irregular age-related changes with adequate extension in systole and union in diastole. Subjective MR noted on doppler. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.



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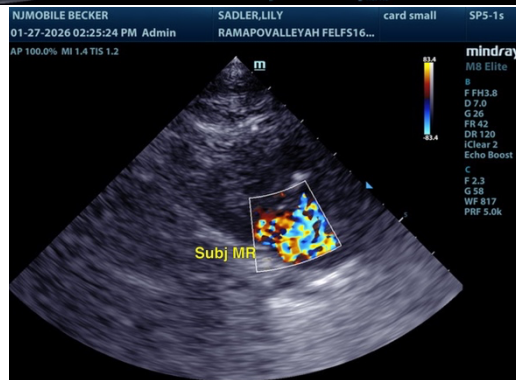
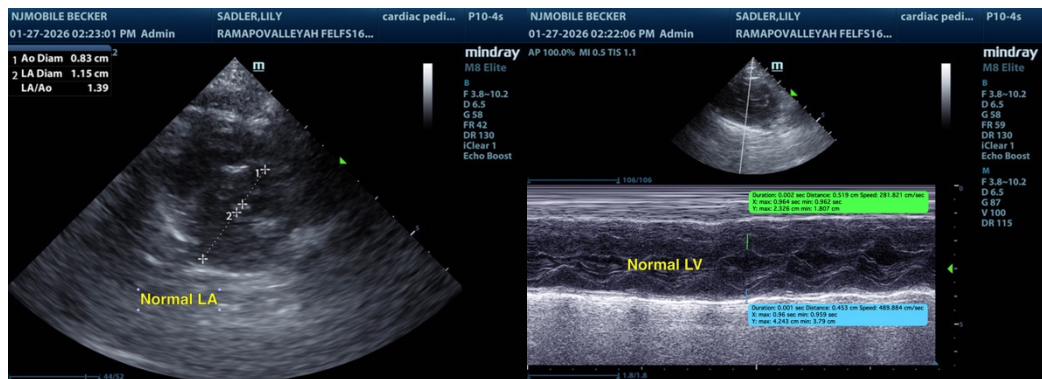
**ULTRASONOGRAPHIC FINDINGS**

- Overall, normal cardiac structure/function with LV remodeling
- Subjective mitral valve insufficiency

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, overt HCM criteria or other structural/functional cardiomyopathy. The murmur is subjectively secondary to the mitral valve insufficiency, although an alternative to the non-visualized abnormality is not definitively excluded. Regardless of classification, the lack of LA or generalized cardiac chamber enlargement indicated the current or future risk of complication or thrombotic event is likely low. No indication for cardiac supportive medication Pimobendan or antiplatelet medication Clopidogrel. Gradual weaning of the Furosemide with close clinical monitoring and as needed respiratory support is suggested. Sonographic monitoring recommended for further assessment and prognosis. Recheck echo recommended in 6 months, sooner if clinically indicated.

No anesthetic contraindications. Anesthetic risk is considered mildly elevated. Elective anesthesia is not advised. 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.





**PATIENT**

Lily Sadler

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.

**SPECIES**

Feline

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)

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[info@sonopath.com](mailto:info@sonopath.com)

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