



PATIENT

Lucy Condelli

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 yrs

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

William Penn VH

REFERRING VET

Dr. Bouzaout

INVOICE

10605

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History:

- Irregular rhythm, extra heart beat
- cardiomegaly w/ventricular premature complexes
- Rad attached for reference
- Current meds: Lactulose 1ml bid

Abnormal PE/Chem/CBC/UA Results: wnl

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	11	NM	0.56	1.3	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	-	1.3	1.2		1.0	0.8	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 echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No evidence of MR on Doppler. The **left ventricle** presented normal to borderline increased septal thickness with normal free wall thickness and primarily maintained linear contour. The **myocardium** presented some mild 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. Normal measured LVOT velocity was noted. 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). Normal measured RVOT



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velocity was noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window. Intermittent nonspecific arrhythmia was noted.

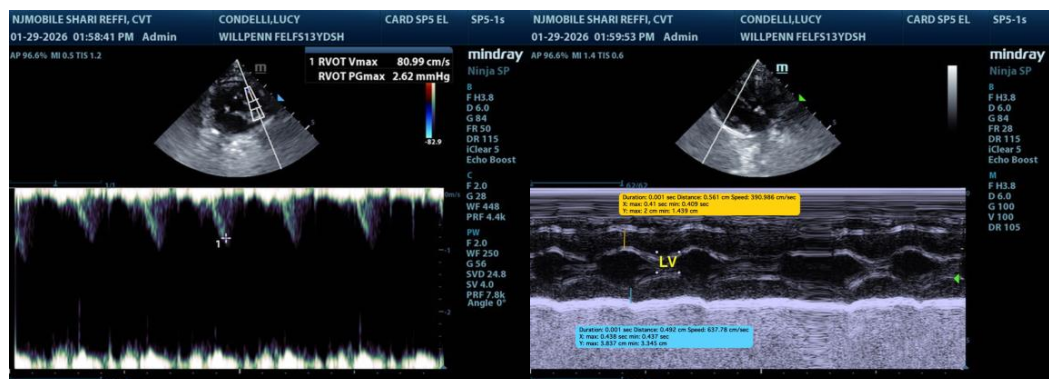
ULTRASONOGRAPHIC FINDINGS

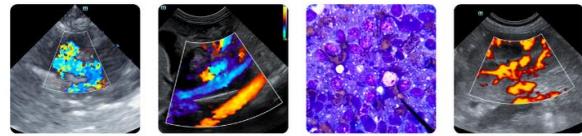
- Mild LV remodeling with borderline increased septal thickness
- Normal LA
- Normal RA / RV
- Intermittent nonspecific arrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, compensated cardiac presentation without evidence of significant cardiomyopathy. The lack of chamber enlargement indicates that the current and future risk of complications is low. There is no indication for cardiac medications in regard to structural cardiomyopathy. Cardiologist consultation regarding ECG could be considered if not done. Sonographic monitoring is recommended for further assessment and prognosis with recheck echocardiogram suggested in 6 months, sooner if clinically indicated. From a functional / structural cardiac standpoint, anesthetic risk is considered mild. If required, the following 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.





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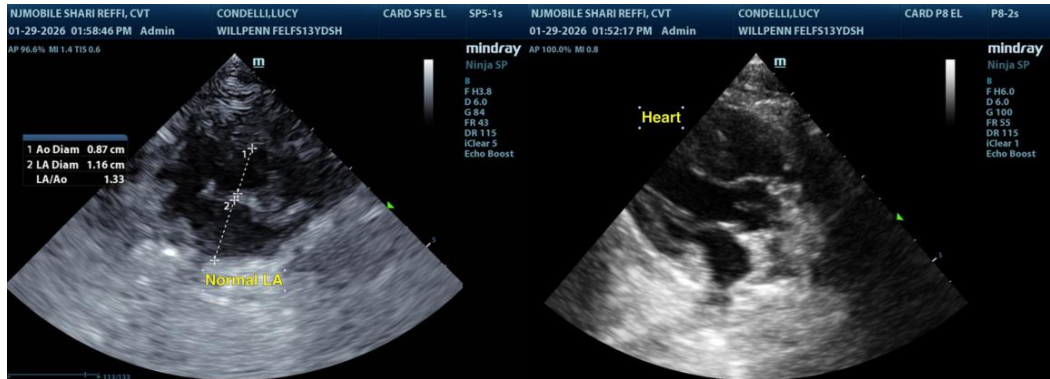
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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