



PATIENT

Mufasa Shreya
Upadhyaya

PRESENTING CLINICAL SIGNS

- CONSTIPATION
- VOMITING

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 3-4/6 ProBNP- Positive

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

MN

AGE

2

WEIGHT

10.5

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	10.5	NM	0.61	1.5	0.56	50	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	--	1.3	1.3		NM	1.1	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)

Cardiac Presentation

The left ventricular wall is borderline to mildly hypertrophied with regions of mild irregularity. There is a mild hyperechoic endocardium suggestive of fibrosis and ventricular remodeling. Minor papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. There is subjective indistinct systolic anterior motion (SAM) of the mitral valve present. There is mild 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.

IMAGING PERFORMED BY

Dr Sharkawy

ULTRASONOGRAPHIC FINDINGS

Primary

- Compensated hypertrophic obstructive cardiomyopathy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Lara

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is probable mild dynamic LV outflow obstruction and concurrent mild MR most consistent with HOCM criteria. The lack of LA enlargement indicates the current and future risk of complication is low. Assessment of systemic BP for evidence of hypertension to rule out as a complicating factor is suggested. No overt indication for cardiac medication. Monitoring of heart rate

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HOSPITAL NAME

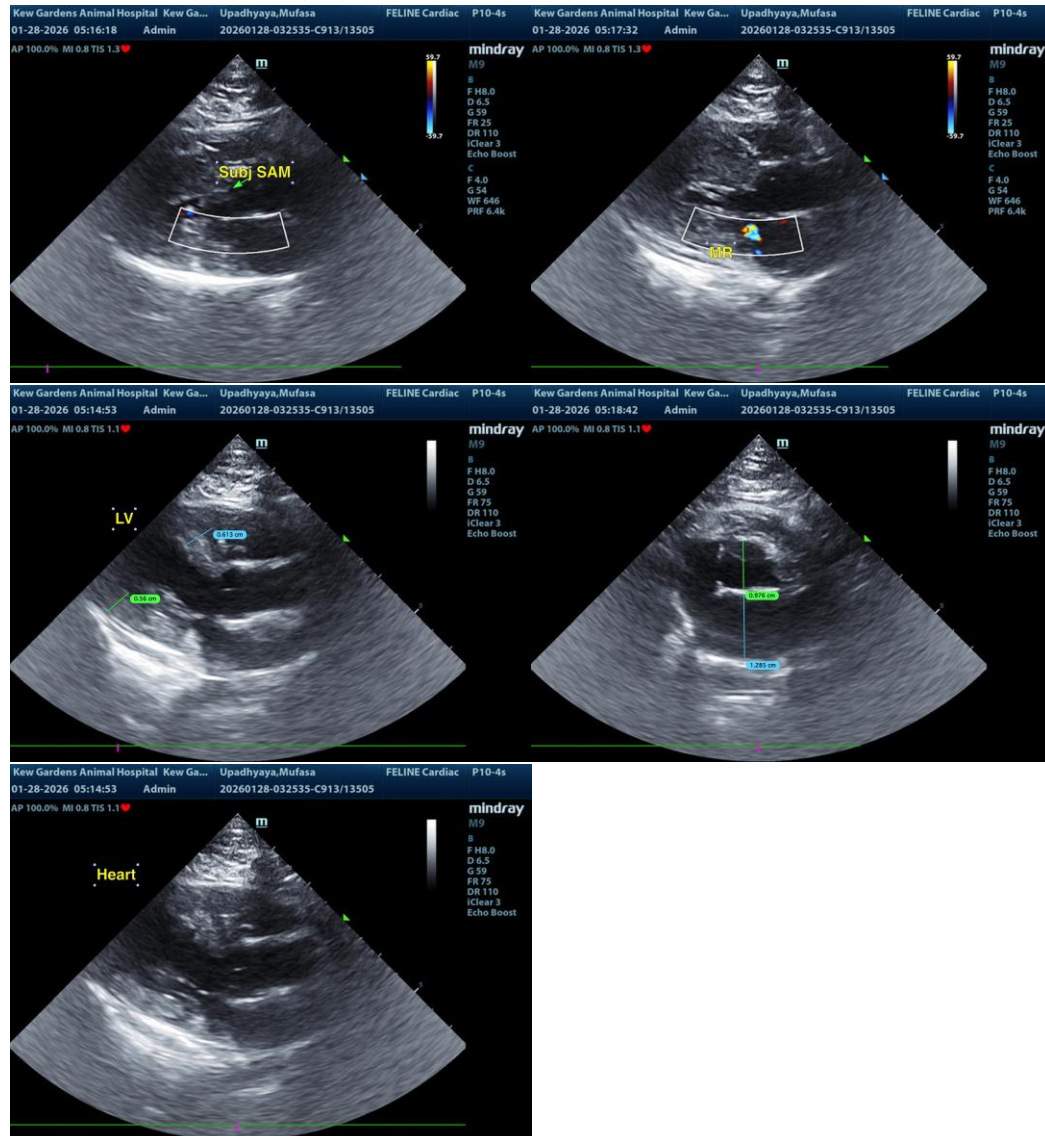
Kew Gardens Animal
Hospital

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going forward is advised. Atenolol 25 mg tab ¼ tab PO SID could be considered if persistent tachycardia is noted.

Sonographic monitoring recommended for further assessment and prognosis. Recheck echo suggested in 6 months, sooner if clinically indicated. Current anesthetic risk is considered low. 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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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



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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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info@sonopath.com

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