PATIENT
Fig Gabel

SPECIES
Feline

BREED
DSH

SEX
F

AGE
5 months

WEIGHT
4.4 lbs.

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

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
Loving Care VH

REFERRING VET
Dr. Steele

INVOICE
10535

DATE
1/8/26

PRESENTING CLINICAL SIGNS

Pro bnp 1.361 HM grade 3/6

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	-	-	-	1.2	40	71	0.3
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**LAD** LA MAX 4 Chamber	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	115	1.0	0.96	4.4	3.6	3.6	-

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening with normal extension in systole and union in diastole. Doppler indicated primarily eccentric MR directed towards the interatrial septum. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. Normal measured LVOT velocity was noted. 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 of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. No evidence of TR on Doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial 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 pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve insufficiency (B1)

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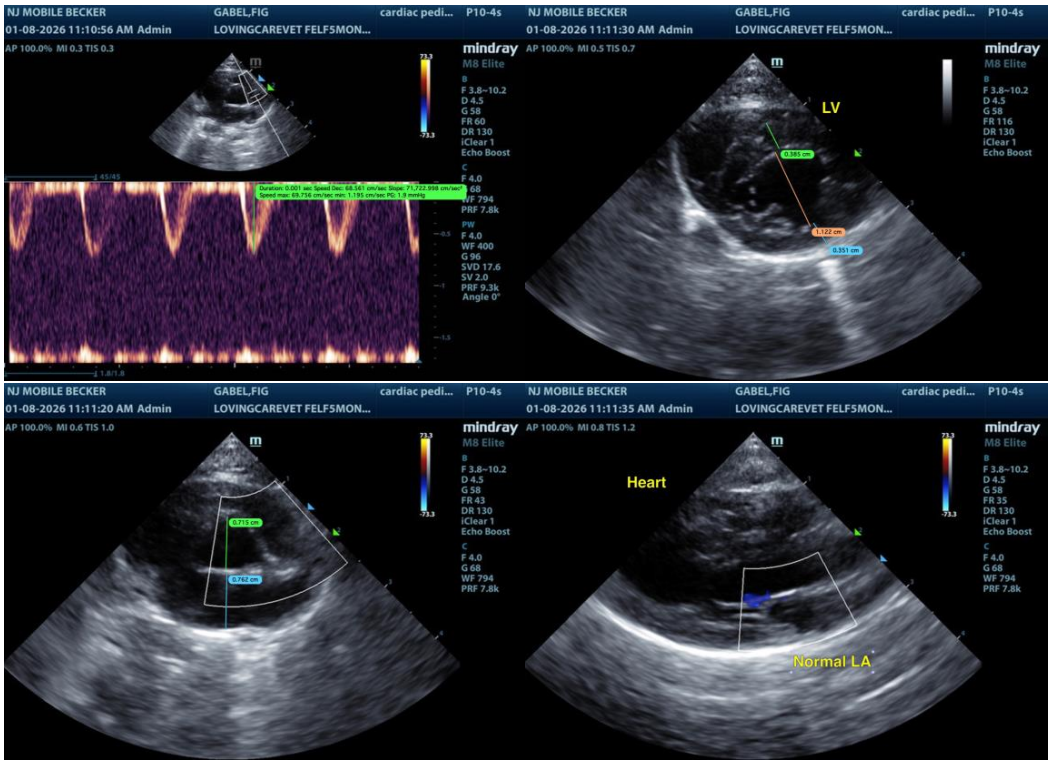
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement indicates that the current and future risk of complications secondary to MR is low. There are no other clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, additional valvular insufficiencies or pulmonary hypertension. In a nonclinical patient without LA enlargement, cardiac medications are not indicated. Conservative monitoring of the murmur going forward is advised. Recheck echocardiogram is suggested in 6-12 months, sooner if clinically indicated.

There are no anesthetic contraindications if anesthesia is required. 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.

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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