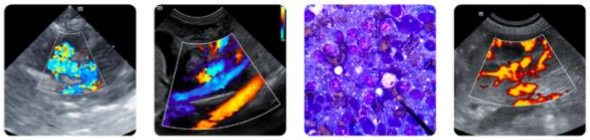

PATIENT

Jam Jam Corbett

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.6 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

13008

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Heart murmur 3/6. Echo prior to dental

Abnormal PE/Chem/CBC/UA Results: WNL. T4: 3

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	--	NM	0.64	1.35	0.65	55	86
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	NM	1.3	1.2		NM	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 systolic anterior motion (SAM) of the mitral valve present. There is mild eccentric MR, secondary to SAM. Dynamic LVOT profile. 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/hypertrophic obstructive cardiomyopathy.
- Normal LA.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HCM/HOCM is a rule of diagnosis once the patient is deemed euthyroid and normotensive. Given normal T4 level, assessment of systemic BP for evidence of hypertension is recommended.
The cause of the murmur may be secondary to dynamic LVOT profile, secondary to SAM, mitral valve insufficiency or combination. The current hemodynamic effects of the murmur appear low, given lack of LA or overall cardiac chamber enlargement. No overt indication for cardiac medication at this stage, given normal LA dimension. Atenolol, 25 mg tab, one quarter tab PO SID could be considered if

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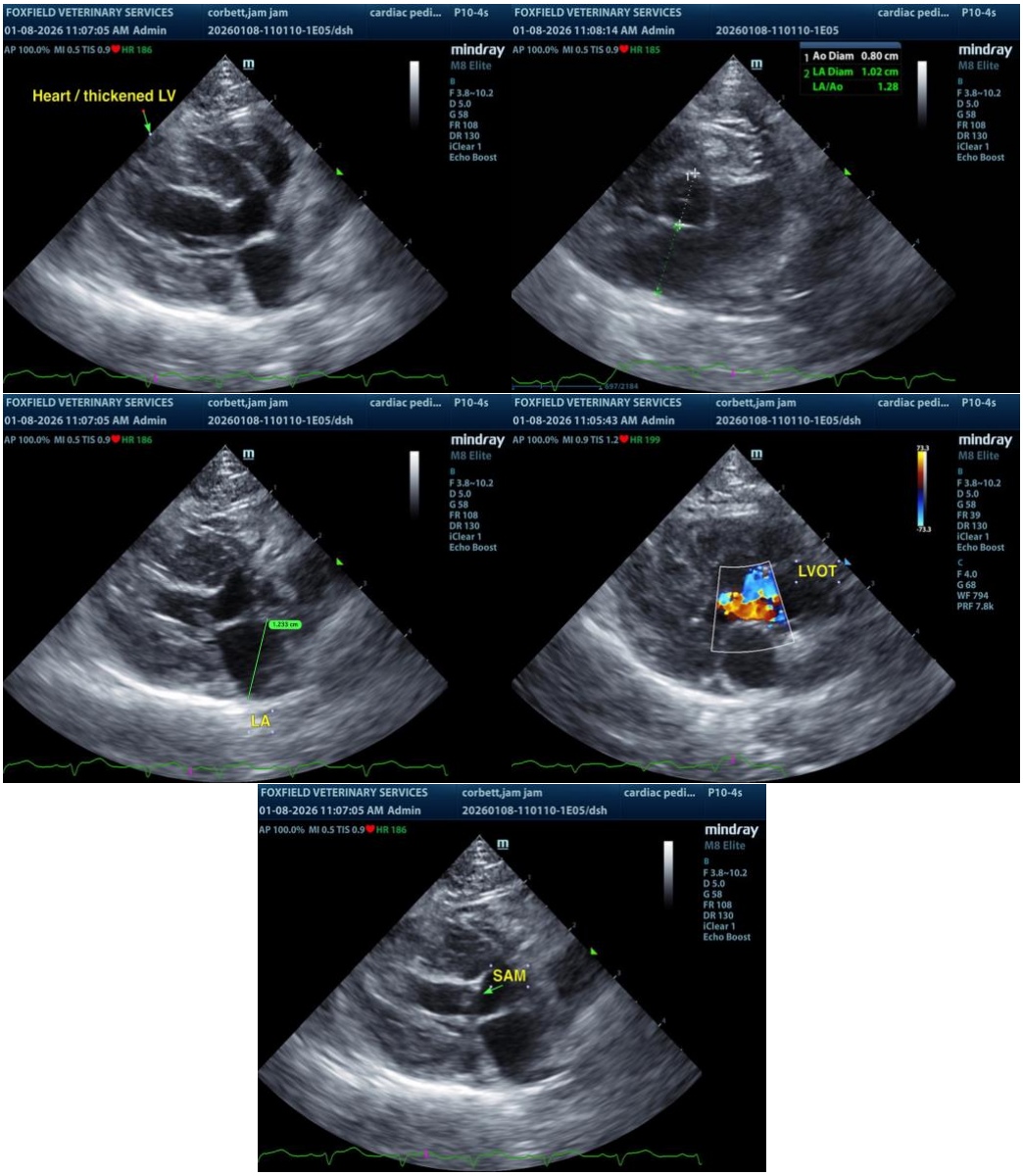
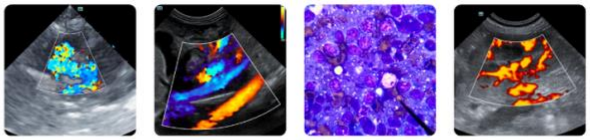
evidence of persistent tachycardia. Serial sonographic monitoring is advised for further assessment and prognosis. Recheck echo is suggested in six months or sooner if clinically indicated. Current anesthetic risk is considered mild. Suggested anesthetic protocol may include opioid or Benzodiazepine 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



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can be of any further assistance, please contact me.

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

info@SonoPath.com