



PATIENT

Chester Velasco

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years

WEIGHT

14 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

12206

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Monitor HCM. Currently on methimazole. Sedated with gabapentin and torb for echo

Abnormal PE/Chem/CBC/UA Results: Pending

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	0.66	1.34	0.66	45	78
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	1.2	1.3		NM	0.9	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 moderately hypertrophied with irregular myocardial contour. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Prominent remodeled hyperechoic papillary muscle. Persistent normal LA dimension, no spontaneous contrast. There is mild systolic anterior motion (SAM) of the mitral valve present, with dynamic LV outflow pattern on doppler. There is mild to moderate 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.

ULTRASONOGRAPHIC FINDINGS

- Persistent compensated hypertrophic/hypertrophic obstructive cardiomyopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The continued lack of LA enlargement indicates that the current risk of complication remains low. No overt indication for cardiac medication although Atenolol 25 mg tab ¼ tab PO SID could be considered if evidence of tachycardia. Prognosis remains variable and sonographic monitoring is advised. Recheck echo is recommended in 6 months or sooner if clinical signs arise or if murmur intensity increases. Monitoring of T4 level and systemic BP for evidence of complicating factors is recommended. Anesthetic risk is mild. If required, the following protocol is suggested. Suggested anesthetic protocol



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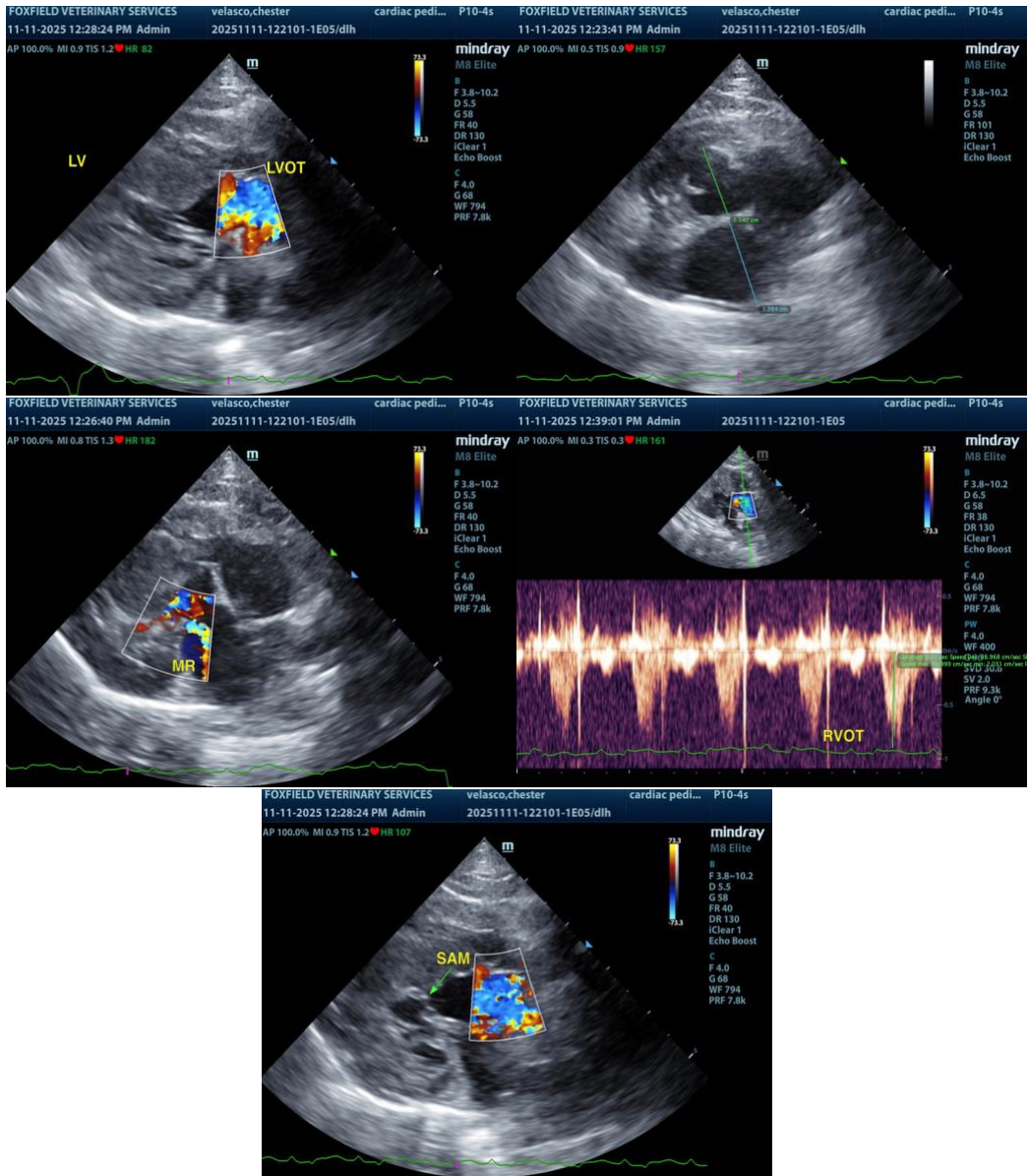
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may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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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info@SonoPath.com

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