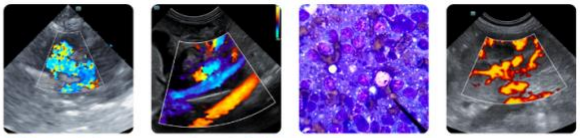

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Cookie Furlong

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

12 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Hunt

INVOICE

12226

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presents for coughing/sneezing for 3 to 4 days. Heart murmur noted. Discussed with owner and she wanted a echo. ABNORMAL Labwork Values N/A For ECHO Only: Blood Pressure BP 140 HR/RR/BP: HR 190 RR 36 BP 140 Is there a Heart Murmur? If so, please grade. Yes Grade 4 Left sided Current Medications None Radiographic Findings N/A

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	0.56	1.5	0.55	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	1.5	1.45		2.1	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 echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal, no LA spontaneous contrast. 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. Eccentric MR on doppler. The **left ventricle** presented normal free wall and septal thicknesses with alinear contour. Mildly prominent remodeled papillary muscle. The **myocardium** presented echogenic remodeling which may indicate age-related change or myocardial fibrosis. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated mild dynamic outflow pattern with subjectively unremarkable structure. Borderline increased measured LV outflow velocity. 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 velocity. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mild LV myocardial remodeling, normal LV dimension.
- Normal LA.

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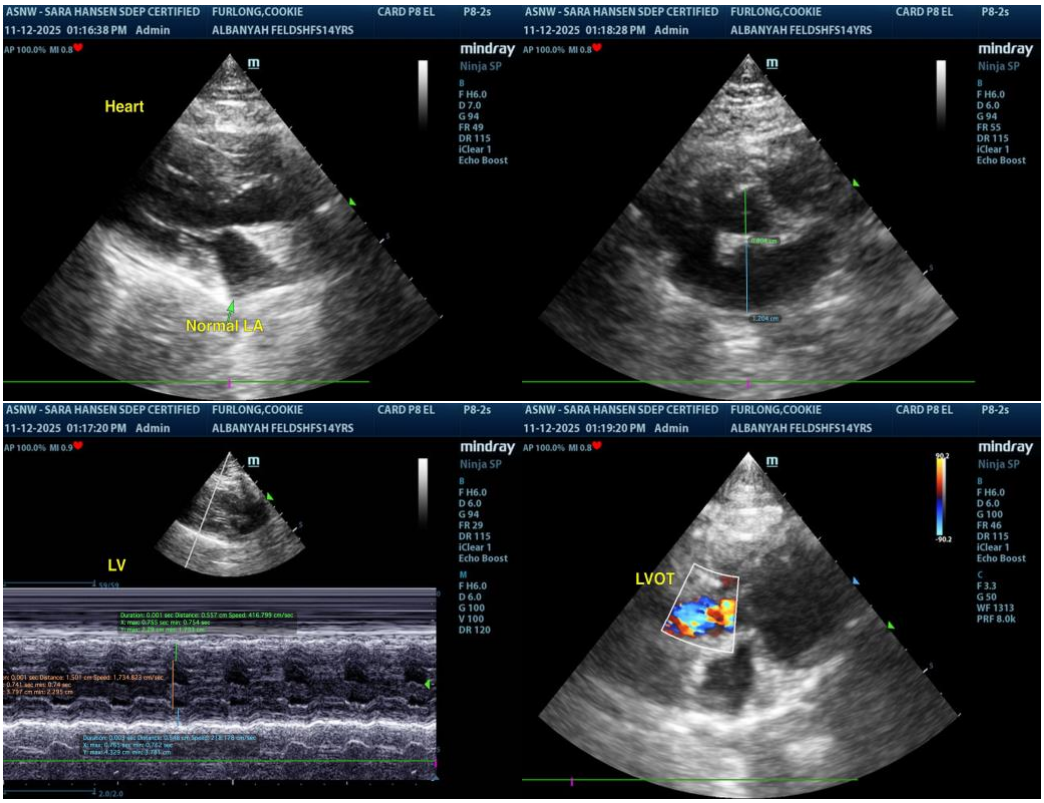
- Eccentric MR.
- Normal RA/RV.
- Mild dynamic LV outflow pattern with borderline increased measured LV outflow velocity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is consistent with eccentric MR with some contribution potentially secondary to dynamic LV outflow pattern and borderline increased measured LV outflow velocity. Although not definitively visualized, some degree of dynamic LV outflow obstruction, secondary to systolic anterior motion (SAM) of the mitral valve, is not excluded. HCM criteria was not met without additional clinical issues such as LV systolic dysfunction or arrhythmia. Regardless of classification, the lack of LA enlargement indicates the current and future risk of complication, secondary to MR or overall murmur, is low. Given the patient is nonclinical with noncardiogenic respiratory signs, no indication for cardiac medication at this stage. Sonographic monitoring is advised for further assessment and prognosis. Recheck echo is recommended in 6 months or sooner if clinical signs arise or if murmur intensity increases. Current anesthetic risk is considered low. 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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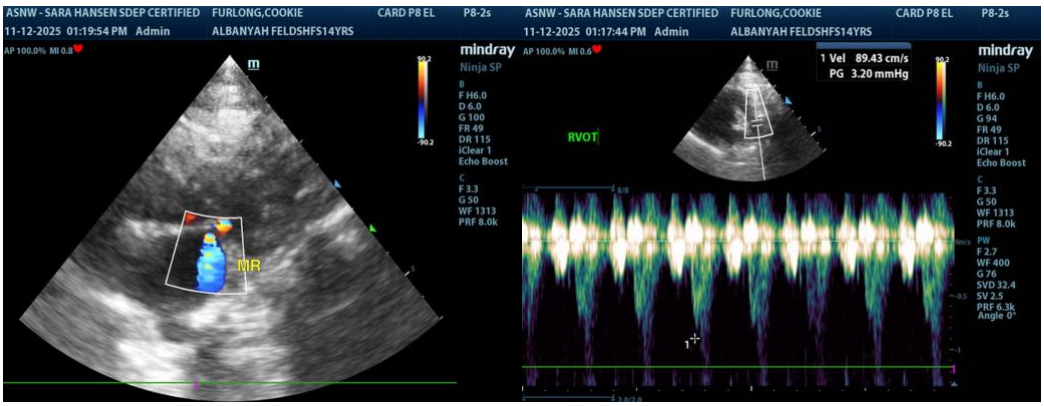

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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