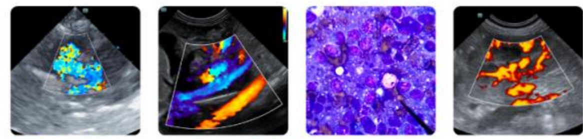



**PATIENT**

Jackson Cleary

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

17.72 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

North Haledon Veterinary Center

**REFERRING VET**

Dr. Mansfield

**INVOICE**

12239

**DATE**

11/13/25

## PRESENTING CLINICAL SIGNS

Heart murmur, history of coughing, hyperthyroidism. Meds: Methimazole 5mg 1/2 tab BID, Vetoryl inj. 9/26/25

Abnormal PE/Chem/CBC/UA Results: BUN 39

## 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 | -- | 207 | 0.49 | 1.8 | 0.49 | 40 | 74 |
| 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 | 1.4 | 1.6 | | 1.3 | 0.8 | NM |
| Adapted from June Boon,Veterinary Echocardiography,1998<br>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 based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. 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 and angles 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 and kinetics. 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 or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

## ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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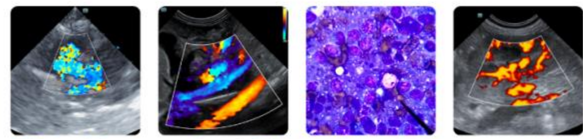

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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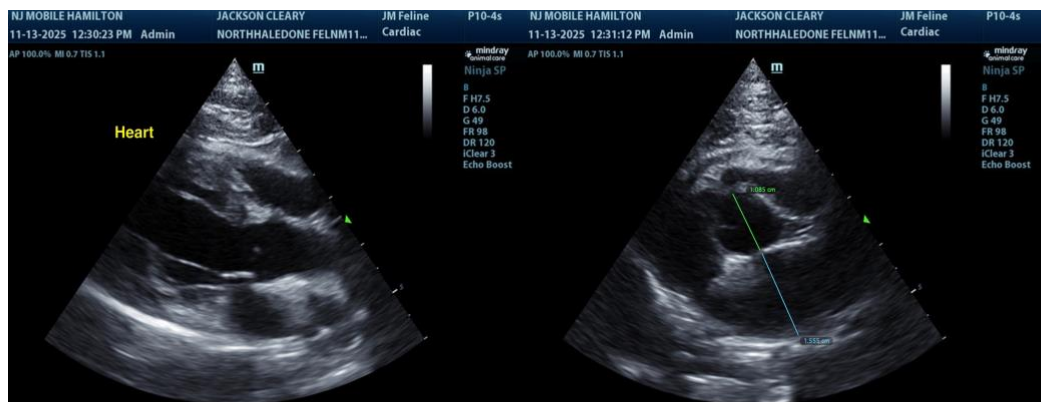
No evidence of clinical issues such as left or right heart chamber enlargement, overt significant valvular insufficiency, pulmonary hypertension or structural cardiomyopathy such as HCM as an obvious contributing factor to the patient's respiratory signs. A definitive cause of the murmur was not obvious. A flow murmur is considered probable although a small nonvisualized flow abnormality of low hemodynamic significance cannot be excluded. Regardless, the current risk of complication is low. No indication for cardiac medications. Correlation with three view chest radiographs with respiratory support is recommended. Conservative monitoring of the murmur is indicated with recheck echo suggested in 6-12 months or sooner if increase in murmur intensity or if clinically indicated. Anesthetic risk is considered low.




**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