



PATIENT

Cal Gonzalez

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pt presented for one episode of vomiting, has since resolved PE: II/VI parasternal systolic murmur Otherwise WNL

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values None HR/RR/BP: 200/24 Is there a Heart Murmur? If so, please grade. II/VI parasternal systolic Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DLH

SEX

MN

AGE

8yr

WEIGHT

11.32lb

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		185	0.43	1.4	0.43	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	--	1.2	1.2		--	0.6	NM

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

INTERPRETED BY

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

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. No overt MR present on Doppler. 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. The 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. No overt TR present 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). Normal measured RVOT velocity was present. 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.

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr Pappas

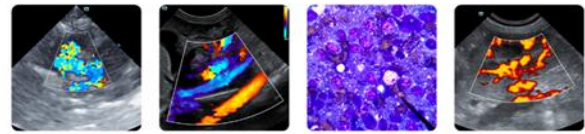
ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure/function.

INVOICE
22972

DATE
11/17/2025



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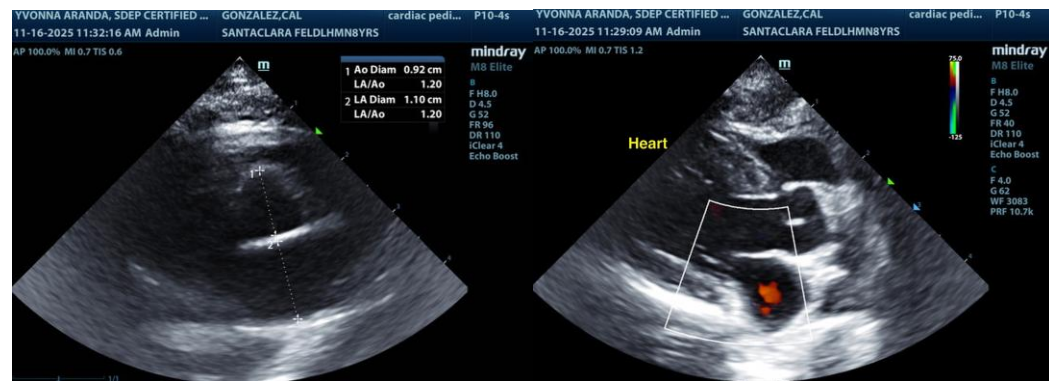
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as HCM criteria, left or right heart chamber enlargement, LV systolic dysfunction or pulmonary hypertension. The definitive cause of murmur was not obvious. A benign physiologic flow murmur or small flow abnormality is suspected. Regardless, the lack of left or right heart chamber enlargement indicate that the hemodynamic effects of the murmur are low. No indication for cardiac medications.

Continued conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 6-12 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise. No overt anesthetic contraindications if anesthesia is required.



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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.

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