



PATIENT

Pumpkin Rayo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

15

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

12315

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Wheezing

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 2/6 Bw- wnl

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	0.62	1.55	0.65	50	82
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	NM	1.3	--	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 echocardiogram in this patient demonstrated normal **left atrial** size and dimension. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR on doppler. The **left ventricle** presented borderline to mild thickened wall 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 subjective laminar flow and normal 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). Normal measured RVOT velocity. 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

- Borderline to mild thickened LV with adequate LV contractility.
- Normal LA.
- Normal RA/RV.



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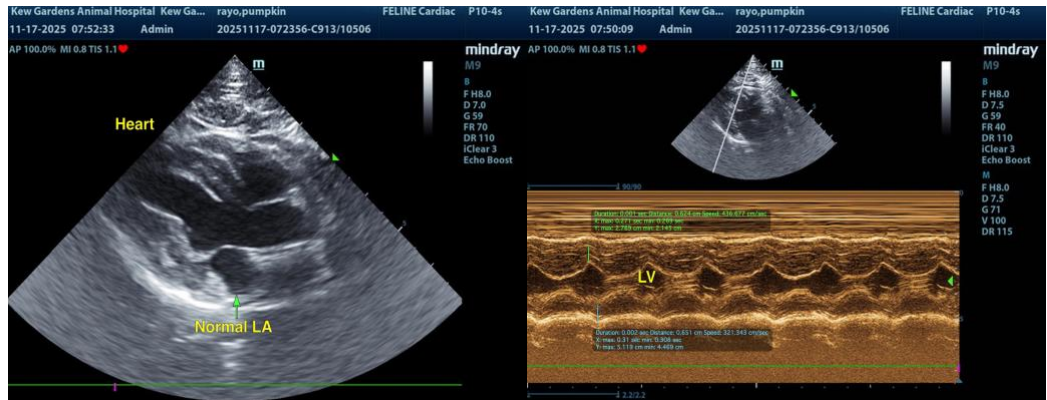
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The borderline to mild thickened LV may indicate emerging HCM criteria which is considered a rule out diagnosis once the patient is deemed euthyroid and normotensive. Correlation with lab work and assessment of systemic BP is recommended. Regardless of classification, the lack of left or right heart chamber enlargement indicates the current and future risk of complication is low. No indication for cardiac medications. The wheezing in this patient is noncardiogenic in origin. Respiratory support is indicated. Sonographic monitoring is required for further assessment. Recheck echo is suggested in 6 months or sooner if increase in murmur intensity or if clinical signs arise. Cardiac anesthetic risk is considered mild, assuming normal systemic BP.



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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