



PATIENT

Henry Morgan

PRESENTING CLINICAL SIGNS

Heart murmur. Receiving Prednisolone 5mg (1/2 tab); Gabapentin; Tresaderm; Solensia; Methimazole

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

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	--	180	0.43	1.8	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	--	1.1	1.3		1.8	1.0	NM

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

WEIGHT

12.6lb

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. No spontaneous LA 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. Mild eccentric MR present on Doppler. No definitive visualized SAM. The left ventricle presented normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change or 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 unremarkable structure. Normal 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 RV outflow velocity. No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Warren Animal Hospital

REFERRING VET

Dr Nicole

INVOICE
23002

DATE
11/21/2025

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structural / function with LV remodeling
- Mild eccentric MR



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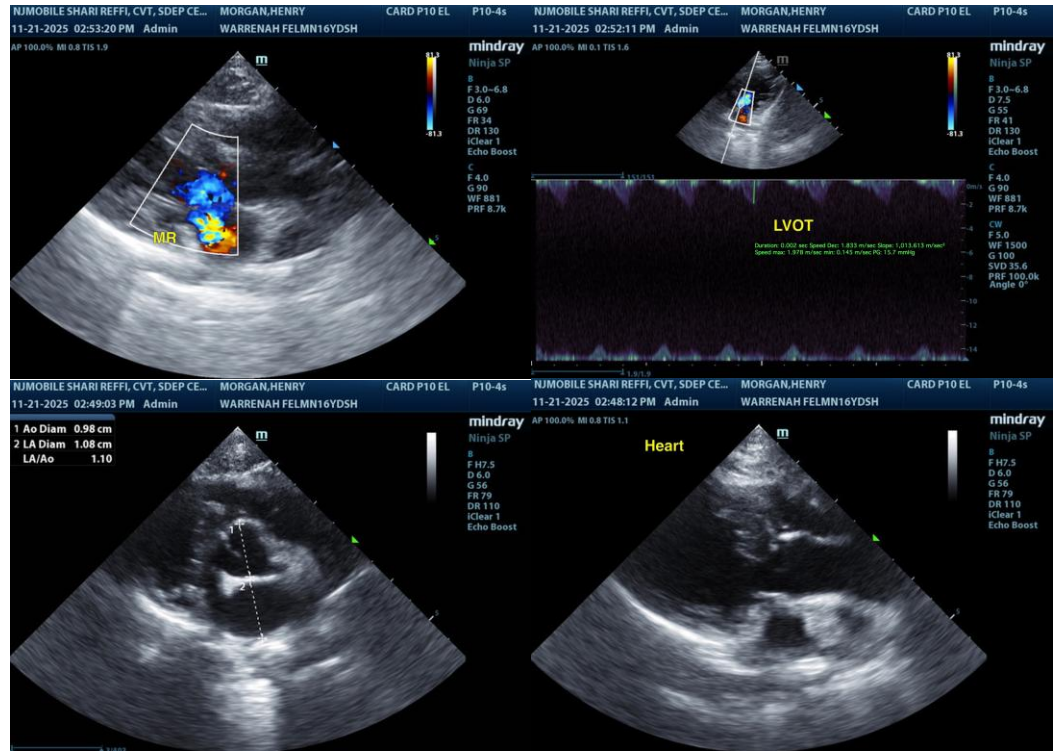
INVOICE
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DATE
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No clinical issues such as HCM criteria, left or right heart chamber enlargement, or LV systolic dysfunction with the murmur secondary to MR. Definitive systolic anterior motion of the mitral valve was not obvious yet not definitively excluded. Regardless of classification, the hemodynamic effects of the murmur currently are low with no indication for cardiac medication. No current contraindication to steroid use.

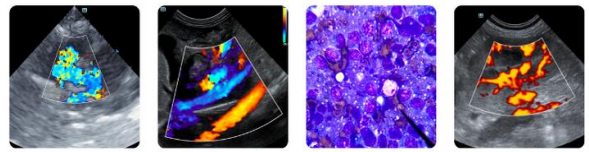
The prognosis is variable and sonographic monitoring is indicated. Recheck echo recommended in 6 months, sooner if increase in murmur intensity or if clinical signs arise. Anesthetic risk is considered mild if required. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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



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