



PATIENT

Kismet C2135 Animals
In Distress

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

11

PRESENTING CLINICAL SIGNS

Patient had an echocardiogram done 10/28/2024 that stated left Ventricle- There is mild concentric hypertrophy of the interventricular septum and left ventricular free wall. A left ventricular moderator band is noted. The papillary muscles are prominent and hyperechoic. Systolic function is mildly reduced

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	0.48	1.6	0.49	37	68
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	1.4	--	--	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)

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only
Veterinary Clinic

REFERRING VET

Renee Ziegler-Post

INVOICE 23012

DATE
11/21/2025

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate LA measurements. No evidence of LA spontaneous contrast. 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. Mildly prominent remodeled papillary muscle. Possible fibrous band of tissue or atypical chordae tendineae extending from the papillary muscle and potentially connecting to the basilar aspect of the IVS was present. 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 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 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.



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ULTRASONOGRAPHIC FINDINGS

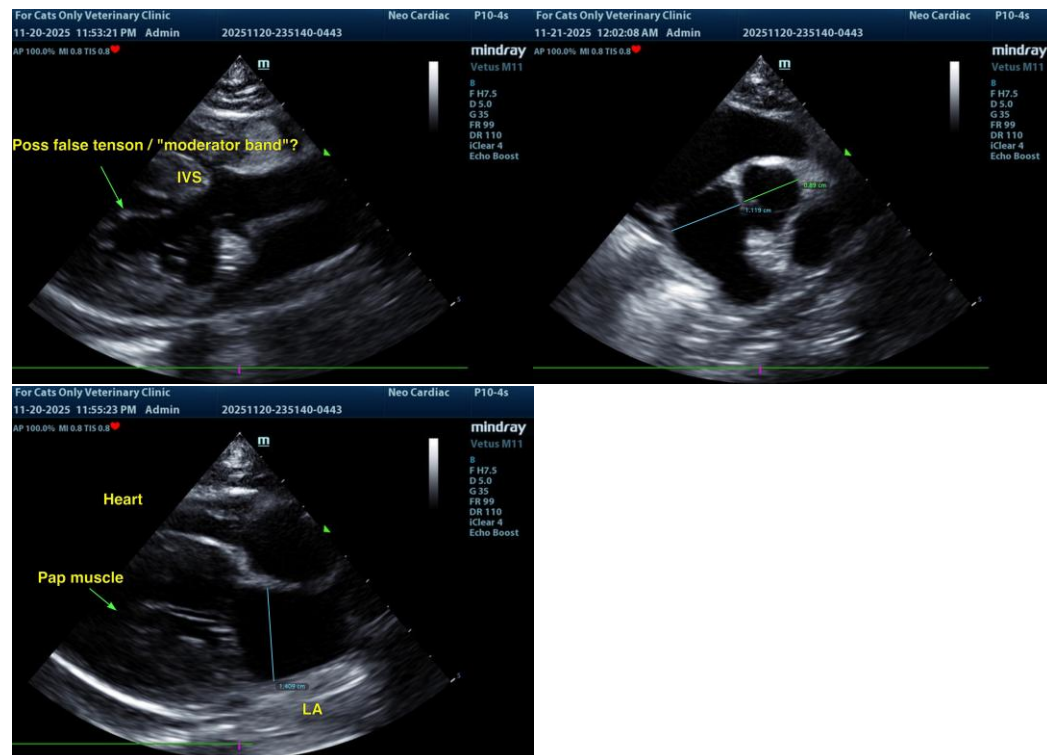
Primary

- Normal LV dimension and wall thickness, possible atypical fibrous tissue or chordae tendineae connecting to basilar IVS- may suggest previously noted "moderator band" or false tendon.
- Normal LA
- Normal RA / RV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current LV presentation did not overtly meet HCM criteria. Adequate LV systolic function. Regardless of classification, the lack of overall chamber enlargement indicates the current and future risk of complication at this stage is low. No indication for cardiac medications.

Anesthetic risk, if required, is considered mild. Continued sonographic monitoring indicated with recheck echo suggested in 6 to 12 months, sooner if clinically indicated.



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



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can be of any further assistance, please contact me.

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