



**PATIENT**

Meow Hui

**PRESENTING CLINICAL SIGNS**

Left side head tilt Left ear infection (highly suspected middle ear) Anorexia

Abnormal PE/Chem/CBC/UA Results: Lactate- 3.5 head tilt Severe dehydration Horner syndrome Hypotension Hypothermic

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

DSH

**SEX**

MN

**AGE**

10

**WEIGHT**

3

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	0.54	0.63	0.54	35	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	--	1.0	1.0		--	--	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 and dimension. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt definitive MR present on Doppler. The left ventricle presented normal thicknesses yet subjective IVS and free wall hypertrophy with linear contour and decreased LV internal dimension.

**IMAGING PERFORMED BY**

Dr Sharkawy

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).

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Dr Ray

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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No evidence of arrhythmia.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

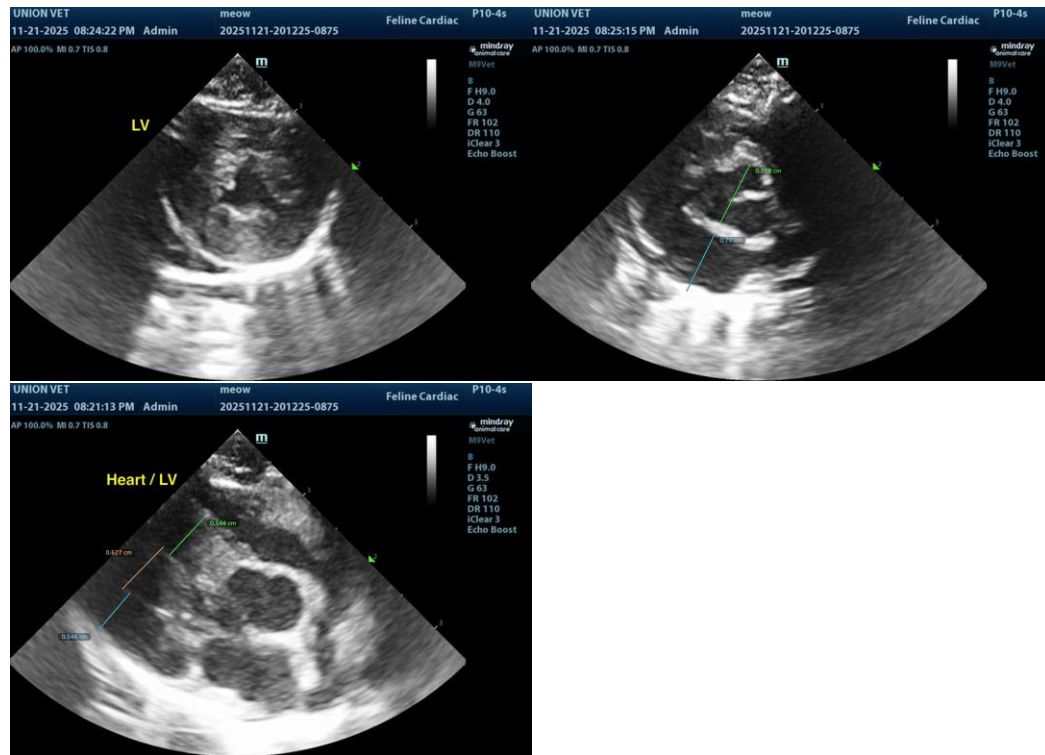
- Non-thickened yet subjective hypertrophic LV with decreased LV internal dimension.
- Normal LA
- Normal RA/RV

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The non-thickened yet subjective hypertrophic LV is non-specific and may be owing to pseudohypertrophy, dehydration or emerging compensated HCM which is a rule out diagnosis once the patient is deemed euthyroid and normotensive. Correlation with monitoring of systemic BP and T4 level is recommended. The lack of LA or generalized cardiac chamber enlargement indicates that the risk of complication is likely low. No indication for cardiac medication. If required, steroid use with clinical and sonographic monitoring would be reasonable.

Recheck echo recommended in 6 months, sooner if clinical signs consistent with cardiac dysfunction arise.

Current cardiac anesthetic risk is mild. 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.





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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.

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Feline

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.

## BREED

DSH

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[info@sonopath.com](mailto:info@sonopath.com)

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