



**PATIENT**

Phil Homestein

**PRESENTING CLINICAL SIGNS**

excessive licking

Abnormal PE/Chem/CBC/UA Results: BW-WNL HEART MURMUR GRADE 1-2/6

**SPECIES**

Feline

**BREED**

Tabby

**SEX**

FS

**AGE**

12

**WEIGHT**

16.4

**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	0.47	1.7	0.53	48	81
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	1.3		1.0	1.1	NM

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 structure. Chamber volume and blood echogenicity were normal. 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. No overt MR on Doppler. 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. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Normal measured LVOT 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 RVOT 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.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Normal cardiac structure / function with mild myocardial remodeling.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sharkawy

**HOSPITAL NAME**

Kew Gardens Animal Hospital

**REFERRING VET**

Dr Gerges

**INVOICE**  
23031

**DATE**  
11/23/2025



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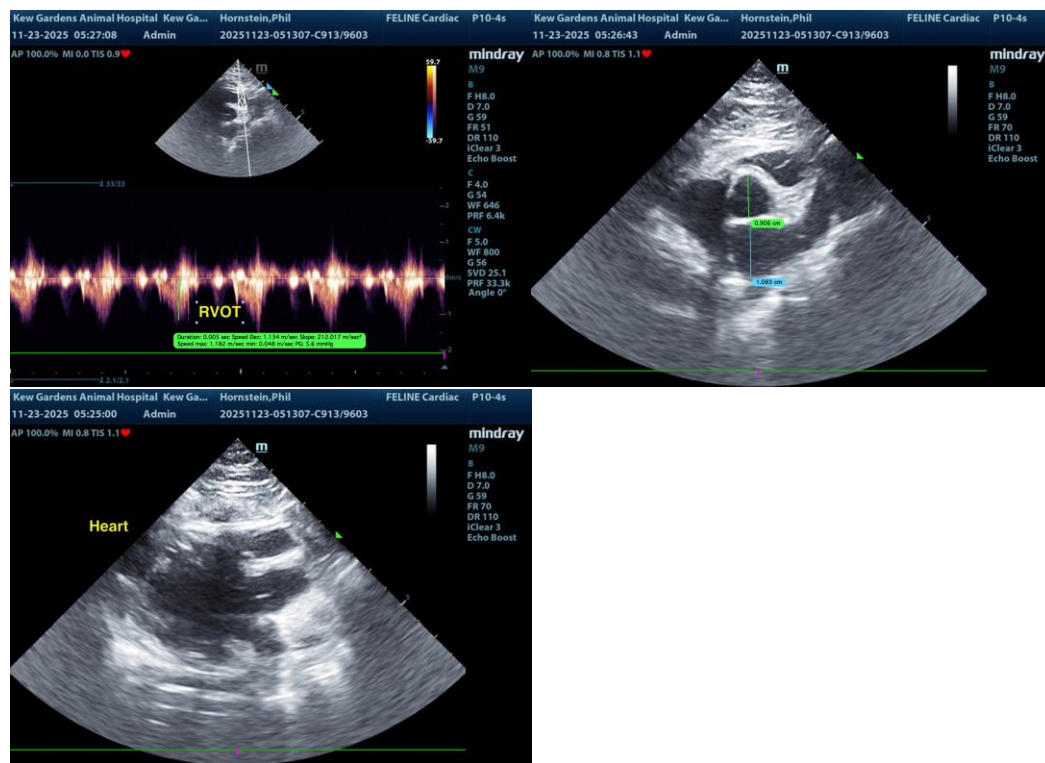
DATE  
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming no volume changes or dehydration, a benign flow murmur is probable. A small non-visualized flow abnormality is not definitively excluded. Regardless, the hemodynamic effects of the murmur are low with no indication for cardiac medication or anticipated cardiac clinical signs.

Conservative monitoring of the murmur going forward is advised. A recheck echo suggested in 6 to 12 months, sooner if increase in murmur intensity or if clinical signs arise.

If required, anesthetic risk is considered 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.



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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