



PATIENT

Foxy Loxy Multari

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

12y 3m

WEIGHT

9.4 lbs

PRESENTING CLINICAL SIGNS

History: Pre-anesthetic clearance for dental procedure. Grade 3/6 heart murmur.

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	0.59	1.45	0.59	40	75
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	--	1.25	1.4		1.1	1.2	--

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

INTERPRETED BY

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

Cardiac Presentation

The left ventricular wall is borderline hypertrophied with regions of mild myocardial irregularity. There is a diffusely hyperechoic endocardium suggestive of mild fibrosis and ventricular remodeling. Mildly prominent remodeled papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. Subjective mild thickened mitral valve leaflets without overt visualized systolic anterior motion (SAM) of the mitral valve present. Normal measured LVOT velocity seen on color flow. Mild dynamic LVOT profile. No overt significant MR noted. Normal right atrial size. Normal right atrial size. Normal right ventricle size. Normal measured RVOT velocity. No TR. No other evidence of valvular regurgitation is present. There is no pericardial or pleural effusion noted. No cardiac tumors.

IMAGING PERFORMED BY

Shari Refi, CVT

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Carney

INVOICE

12859

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ULTRASONOGRAPHIC FINDINGS

- Borderline thickened LV with hyperechoic endocardium and remodeling
- Normal LA
- Normal RA/RV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation is consistent with borderline to emerging HCM phenotype with evidence of ventricular fibrosis and remodeling. Adequate LV systolic function and lack of chamber enlargement indicated the current and future risk of complication at this stage is low. Definitive cause of the murmur was not obvious indicating potential for probable flow murmur. A small non-visualized flow



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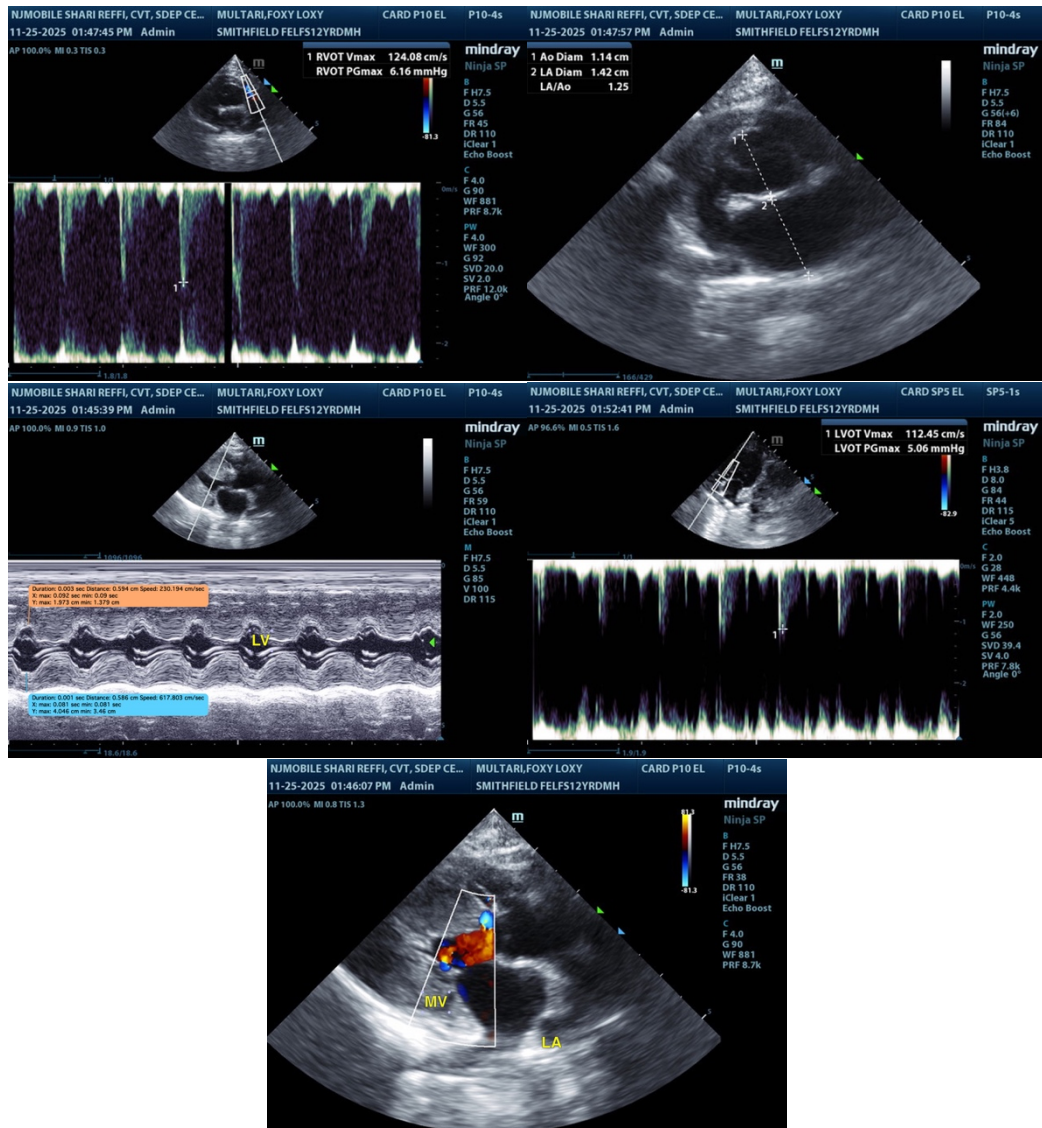
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abnormality is not excluded. Assessment of T4 level and systemic BP to rule out potential complicating factors is recommended. No indication for cardiac medications. Anesthetic risk is considered mild. Sonographic monitoring indicated for further assessment and prognosis. Recheck echo suggested in 6 months, sooner if increase in murmur intensity or if clinical signs arise. 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.



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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