

## PATIENT

Jude Weiner

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Male Neutered

## AGE

5.7 yo

## WEIGHT

13.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kristen Carpenter

## HOSPITAL NAME

Penridge AH

## REFERRING VET

Dr. Andrew McManus

## INVOICE

12864

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: "Jude" is a 5.7 yo MN Ragdoll. 13.7# Sedated with butorphanol. The patient presented for a dental assessment and a physical exam after an episode of panting occurred at home. PE: Grd II dental disease. Heart - new Grade II L systolic murmur, lungs clear and eupnic. Full bloodwork: NSF, total T4 2.7, pro BNP 421 (normal 0-100). Thoracic rads: Mild subjective cardiomegaly, VHS 7.41. No evidence of pulmonary edema or pleural effusion. Blood pressure: 148, 152, 156 mm HG systolic via doppler. Anesthetic recommendations are requested as we would like to perform a dental for this patient.

## 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	0.4	1.5	0.42	47	82
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	1.2		--	1.8	--
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							

## Cardiac Presentation

The left ventricular wall exhibited a normal dimension with a-linear contour and regions of myocardial irregularity. There is a mild, diffusely hyperechoic endocardium suggestive of mild fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. There is systolic anterior motion (SAM) of the mitral valve present with dynamic LVOT profile noted on doppler. There is mild eccentric mitral regurgitation present secondary to SAM. Normal right atrial size. Normal right ventricle size. Borderline increased measured RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

## ULTRASONOGRAPHIC FINDINGS

- LV myocardial remodeling/fibrosis
- Evidence of SAM with dynamic LV outflow profile on doppler
- Normal LA
- Mild eccentric MR



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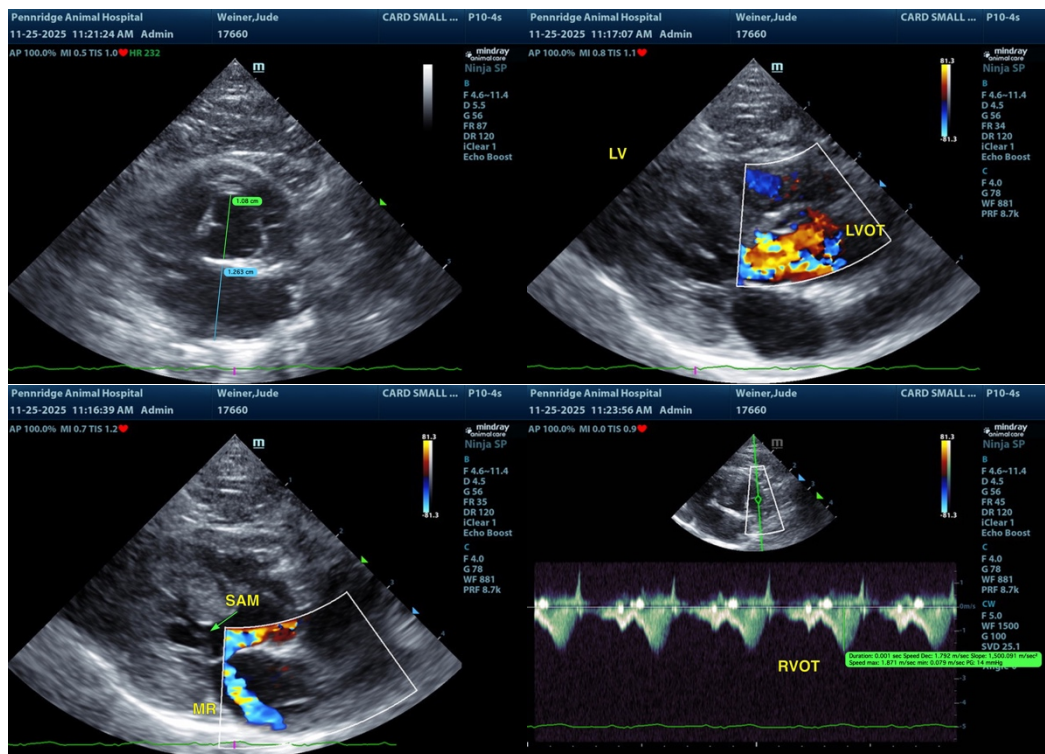
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no evidence of significant LV hypertrophy, the cardiac presentation is consistent with hypertrophic obstructive cardiomyopathy phenotype indicating some degree of dynamic LV outflow obstruction secondary to SAM. The lack of LA enlargement indicated the current and future risk of complication, i.e. spontaneous CHF or thrombotic event is likely low. Continued periodic monitoring of T4 and systemic BP to rule out potential complicating factors is suggested. No overt indication for cardiac medication at this stage yet sonographic monitoring is recommended for further assessment and prognosis. Recheck echo recommended in 6 months, sooner if clinically indicated or additional episodes of panting. Anesthetic risk is considered mild. The following protocol is recommended with judicious IV fluid use and clinical monitoring. 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)



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

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