



PATIENT

Milo Durand

PRESENTING CLINICAL SIGNS

3/6 murmur

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6Y

WEIGHT

18.6lbs

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 | | 199 | 0.7 | 1.65 | 0.74 | 36 | 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 | | 1.36 | 1.4 | | | | NM |
| 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)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise
 Hospital

REFERRING VET

Dr. Elshafie

INVOICE

72490

DATE

11-5-25

Cardiac Presentation

The left ventricular wall is moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. Mildly thickened mitral valve leaflets without definitive visualized systolic anterior motion (SAM) of the mitral valve or MR on Doppler although not excluded. Normal right atrial size. Normal right ventricle size. Normal 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

- Hypertrophic/hypertrophic obstructive cardiomyopathy phenotype.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic or hypertrophic obstructive cardiomyopathy is a rule out diagnosis once the patient is deemed euthyroid and normotensive with the murmur potentially secondary to nonobvious MR owing to SAM or associated flow murmur. Assessment of T4 level and systemic BP to rule out complicating factors is recommended. Regardless of classification, the normal left atrial size currently indicated the risk of complication is likely low. No definitive indication for cardiac medication at this stage.

Atenolol 25.0 mg tab (¼ tab PO SID) could be considered if evidence of tachycardia. Anesthetic risk is considered mild.



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If anesthesia is required, the following protocol is recommended. Sonographic monitoring advised for further assessment and prognosis. Recheck echo recommended in 6 months, sooner if clinical signs initiate.

SPECIES

Feline

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.

BREED

DSH

SEX

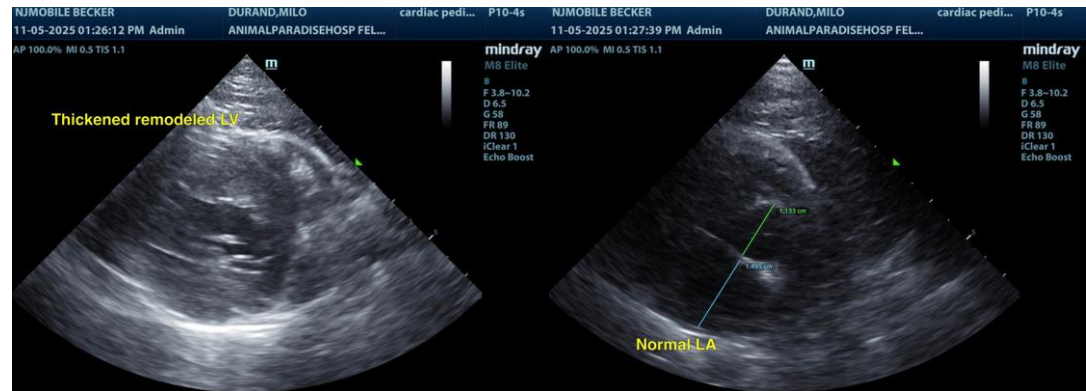
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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