



**PATIENT**

Cosmo Tomlinson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

5

**WEIGHT**

12.1

**PRESENTING CLINICAL SIGNS**

Heart murmur grade 4/6

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 4/6 Aggression

**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	0.5	1.1	0.55	50	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	--	1.3	1.3		1.2	1.0	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 based on 3 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt SAM or MR present on Doppler. The left ventricle presented normal thicknesses with linear contour and was not dilated nor restricted. 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. Normal measured LVOT velocity was present. 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). Normal measured RVOT velocity was present. 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. No evidence of arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Normal cardiac structure/function

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sharkaway

**HOSPITAL NAME**

Kew Gardens Animal Hospital

**REFERRING VET**

Dr Ray

**INVOICE 22907**

**DATE**  
11/09/2025



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22907

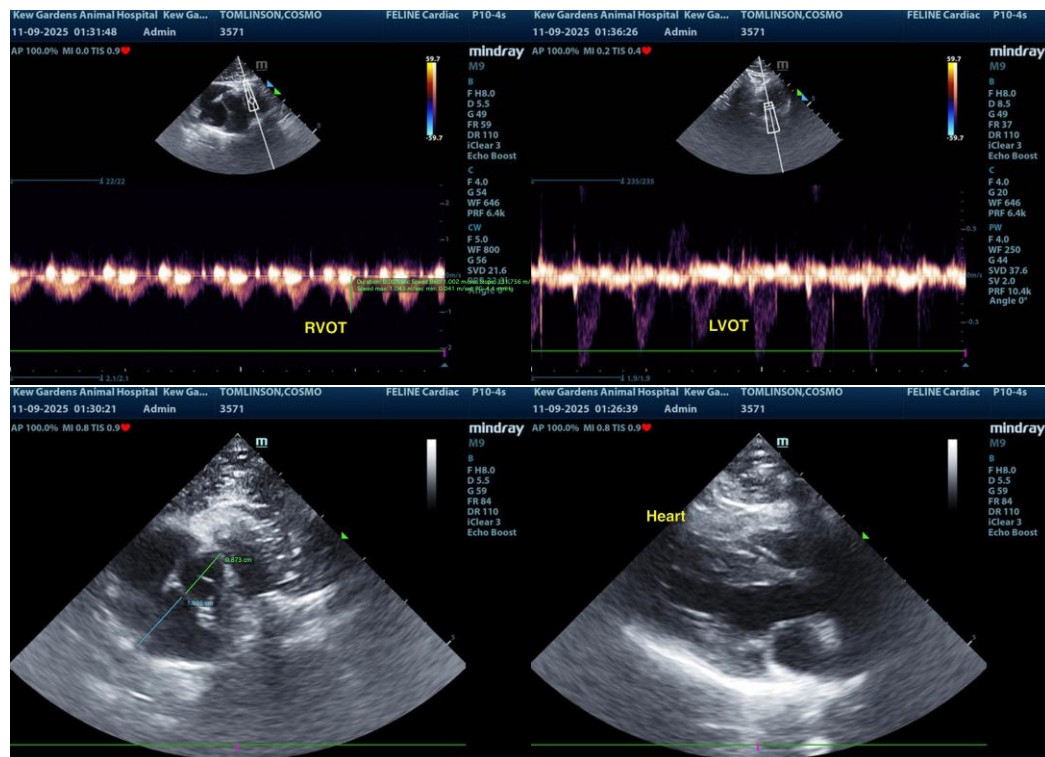
**DATE**

11/09/2025

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of clinical issues such as left or right heart chamber enlargement, HCM criteria, LV systolic dysfunction, or definitive valvular insufficiencies. A benign flow murmur may be suspected, although given reported murmur grade, a non-visualized flow abnormality is also possible. Regardless of classification, the hemodynamic effects of the murmur are low. No indication for cardiac medication.

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



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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