



PATIENT

Lolli Smith

SPECIES

Feline

PRESENTING CLINICAL SIGNS

Grade 2/6 heart murmur. Heart murmur detected intermittently up until May of this year. At this time SonoPath echo was submitted. Heart murmur now persistent since May.

Abnormal PE/Chem/CBC/UA Results: Patient is clinically normal other than murmur ECG attached.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DLH

SEX

FS

AGE

11yr

WEIGHT

10.3lb

| 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 | 0.48 | 1.2 | 0.45 | 45 | 78 |
| 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 | 1.6 | | 1.0 | 0.6 | NM |

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

Aaron Lucas DVM, PhD

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Aaron Lucas DVM, PhD

INVOICE

22873

DATE

11/07/2025

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size. Chamber volume and blood echogenicity were normal. Mild alinear contour most notable in the interventricular septum, normal wall thickness. 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. Static trace MR present on Doppler. The left ventricle function is adequate, contractility adequate. Left atrium static to borderline mildly enlarged. The myocardium presented some hyperechoic 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 adequate laminar flow with subjectively unremarkable structure. 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). 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. No evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

Primary



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- Static compensated mild unclassified cardiomyopathy exhibiting borderline to mild LA enlargement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar to static cardiac presentation compared to the previous study without evidence of progression. Overall, the heart appears compensated, given no reported clinical signs.

BREED

DLH

The trace MR is not likely audible, indicating probable flow murmur. No indication for cardiac medications. Continued sonographic monitoring is recommended for further prognosis. Recheck echo is suggested in 6 months, sooner if clinical signs initiate.

SEX

FS

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.

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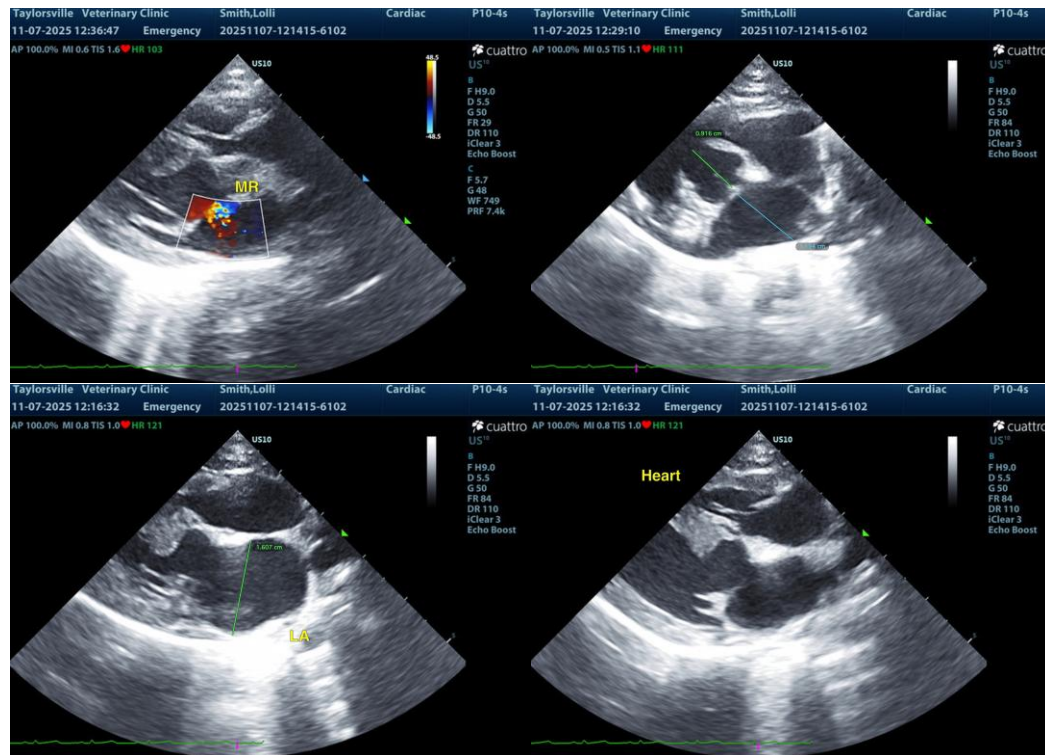
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Clinic

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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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