



PATIENT

Mr. Kitty While

SPECIES

Feline

BREED

DSH

SEX

Male (neutered)

AGE

12 yrs

WEIGHT

Not Provided

PRESENTING CLINICAL SIGNS

Recheck for dental Current meds: Furosemide SID, Vetmedin Transdermal BID

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	0.42	2.3	0.40	16	36
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		2.6	2.4		0.8	0.6	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
Meghan Morse, LVT,
CVT

HOSPITAL NAME
Animal Hospital of
Sussex County

REFERRING VET

Dr. Lovell

INVOICE

10452

DATE

12/11/25

Cardiac Presentation

Severe left ventricular dilation and increased sphericity were present with diminished systolic function. Decreased LV wall thickness was noted. The LA was severely enlarged. There was no definitive current LA spontaneous contrast. The mitral valve appears to be mildly thickened with centralized to eccentric MR on Doppler. The tricuspid valve was mildly thickened with moderate TR on Doppler. Concurrent right atrial and ventricular dilation was noted. The aortic valve was overtly normal with mild decreased measured LV outflow velocity. There was no obvious AI. The pulmonic valve was normal with mildly decreased measured RV outflow velocity. There was no overt PI. There is no evidence of pericardial or pleural effusion. No overt cardiac tumors were noted.

ULTRASONOGRAPHIC FINDINGS

- Persistent severe cardiomyopathy exhibiting biatrial enlargement, LV enlargement with decreased systolic function
- MR/TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the heart may include primary or secondary DCM-like cardiomyopathy, unclassified cardiomyopathy, or possible end-stage hypertrophic cardiomyopathy, while the potential for myocarditis or infiltrative disease such as lymphoma is not excluded.



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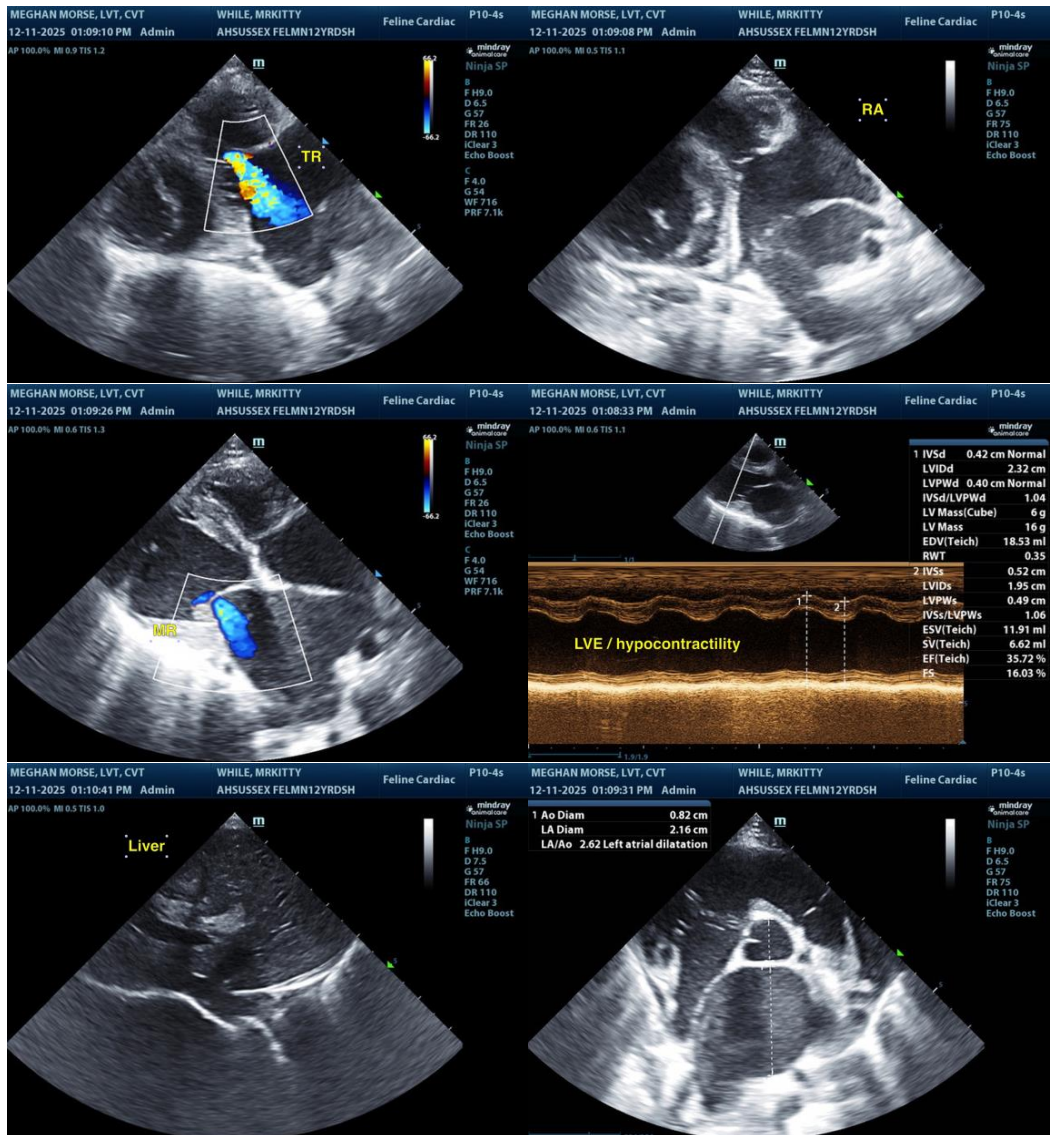
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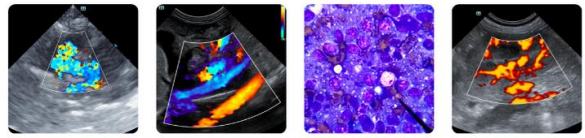
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Regardless of classification, the persistent degree of 4 chamber enlargement and LV systolic dysfunction indicates that the current and future risk of complications, including progressive CHF, development of malignant arrhythmias, thrombotic event, or sudden death, is significantly elevated. If not currently instituted, Clopidogrel 75.0 mg tab (1-4 tab) PO SID in conjunction with current therapy is indicated. Long-term prognosis remains extremely guarded to poor. Elective anesthesia is not advised. Monitoring of systemic BP, ECG, and renal parameters is recommended. Recheck echocardiogram is suggested in 4-6 months, sooner if clinically indicated.



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.

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