

**PATIENT**

Pickle Zink

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

15 y

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
 CVT

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Roche

**INVOICE**

12951

**DATE**

12/16/25

**PRESENTING CLINICAL SIGNS**

History: IBD cat- would like to start pred but O had prior cat go into heart failure after being started on pred

**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	1.5	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	--	1.36	1.4		1.1	0.86	--

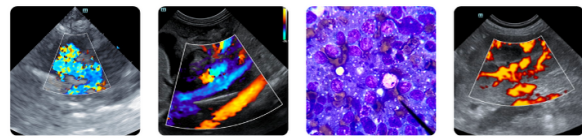
Adapted from June Boon, Veterinary Echocardiography, 1998  
 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. No spontaneous contrast. The cranial and caudal **mitral** valve leaflets presented minor irregular changes with adequate extension in union and diastole. Mild eccentric MR noted on doppler. No definitive SAM. The **left ventricle** presented normal free wall and septal thicknesses with mild a-linear contour. The **myocardium** presented echogenic remodeling consistent with expected age-related or possible fibrosis. Prominent remodeled papillary muscle. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal 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 mild thickening with TR noted on doppler. 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 visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- LV myocardial remodeling with mildly prominent remodeled papillary muscle
- Normal LA/RA
- Mild MR/TR



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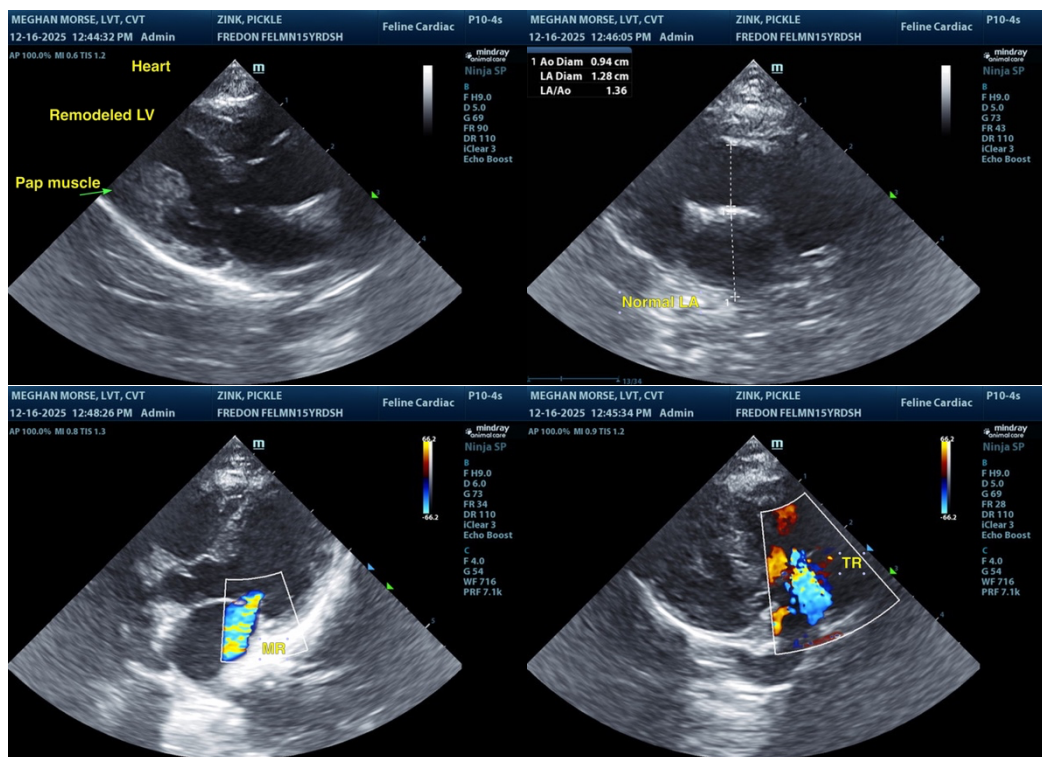
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the subjective age-related cardiac presentation without evidence of significant clinical issues such as left or right heart chamber enlargement or LV systolic dysfunction. Correlation with T4 level as chronic hypertrophic cardiomyopathy may present in this manner. The lack of LA enlargement indicates the current and future risk of complications secondary to MR is low without evidence of clinical pulmonary hypertension. No indication for cardiac medications. No overt contraindications to steroid administration, although serial echocardiographic monitoring indicated for further assessment and prognosis. Recheck echo recommended in 4-6 months if steroid therapy is elected, sooner if clinical signs consistent with cardiac disease arising. Anesthetic risk, if required, 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.

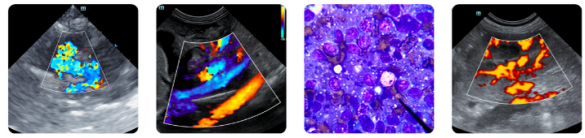


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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



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