



PATIENT

Lola Murdock

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 years 3 months

WEIGHT

9.7 lbs.

PRESENTING CLINICAL SIGNS

R/O Syncopal event from HCM, normal PE.
Abnormal PE/Chem/CBC/UA Results: ProBNP elevated

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	0.61	1.2	0.60	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	1.38	1.3	1.3		1.3	1.1	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

Reecca Hamilton

HOSPITAL NAME

Black River VH

REFERRING VET

Dr. Zeff

INVOICE

10472

DATE

12/17/25

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some mild eccentric insufficiency noted on Doppler. The **left ventricle** presented borderline increased free wall and septal thicknesses. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated mild dynamic outflow pattern with normal measured LVOT velocity. No overt SAM. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. Normal measured RVOT velocity was noted. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window. No evidence of arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal LA
- Borderline increased LV wall dimension, adequate LV systolic function
- Normal RA/RV
- Mild eccentric MR



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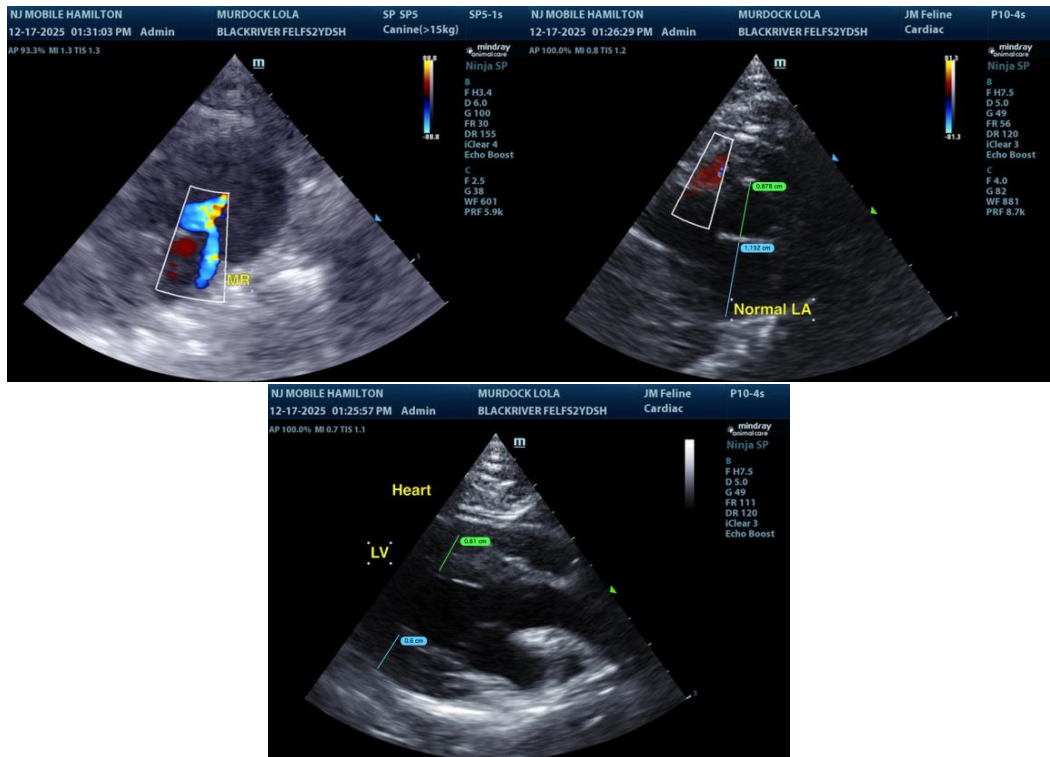
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Borderline to emerging HCM is the rule-out diagnosis once the patient is deemed euthyroid and normotensive. Given hyperthyroidism is highly unlikely in a young cat, assessment of systemic BP for evidence of hypertension +/- screening T4 level is recommended. Regardless of classification, the lack of cardiac chamber enlargement indicates that the current and future risk of complications is low. Potential for paroxysmal arrhythmia, if previous syncopal episode, cannot be definitively excluded. ECG assessment is recommended if clinically indicated. There is no indication for cardiac medications. Sonographic monitoring is recommended for further assessment. Recheck echocardiogram is suggested in 6 months, sooner if clinically indicated or if recurrent syncopal episodes are present. There are no anesthetic contraindications if anesthesia is required.



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