



PATIENT

Rex PHVA

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

2 yo

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ryan Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Ryan Leal

INVOICE

10395

DATE

12/2/25

PRESENTING CLINICAL SIGNS

Pt presents for evaluation of a newly diagnosed heart murmur. Pt had been castrated and murmur was not noted at that time. ProBNP at time of castration was normal. History of constipation issues (was adopted out, had some constipation issues, was surrendered, Rescue took over her care). Murmur heard at initial consultation to our facility in early October 2025.

Medications: Miralax, Cisapride, gabapentin Pt had combination alfaxalone/butorphanol for echo due to temperament (nice boy but short fuse).

Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9, mild gingivitis, 3/6 parasternal systolic murmur
Bloodwork: no recent blood work performed BP: 120 systolic (doppler)

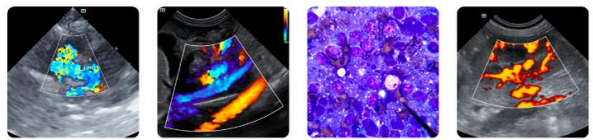
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	0.54	1.38	0.62	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	1.3		1.5	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

Cardiac Presentation

The left ventricular wall is borderline to mildly hypertrophied with regions of mild irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. There is systolic anterior motion (SAM) of the mitral valve present, with normal measured LVOT velocity seen on color flow. Mild dynamic LVOT profile. There is no obvious documented MR present secondary to SAM. Normal right atrial size. Normal right ventricle size. Normal RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.



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ULTRASONOGRAPHIC FINDINGS

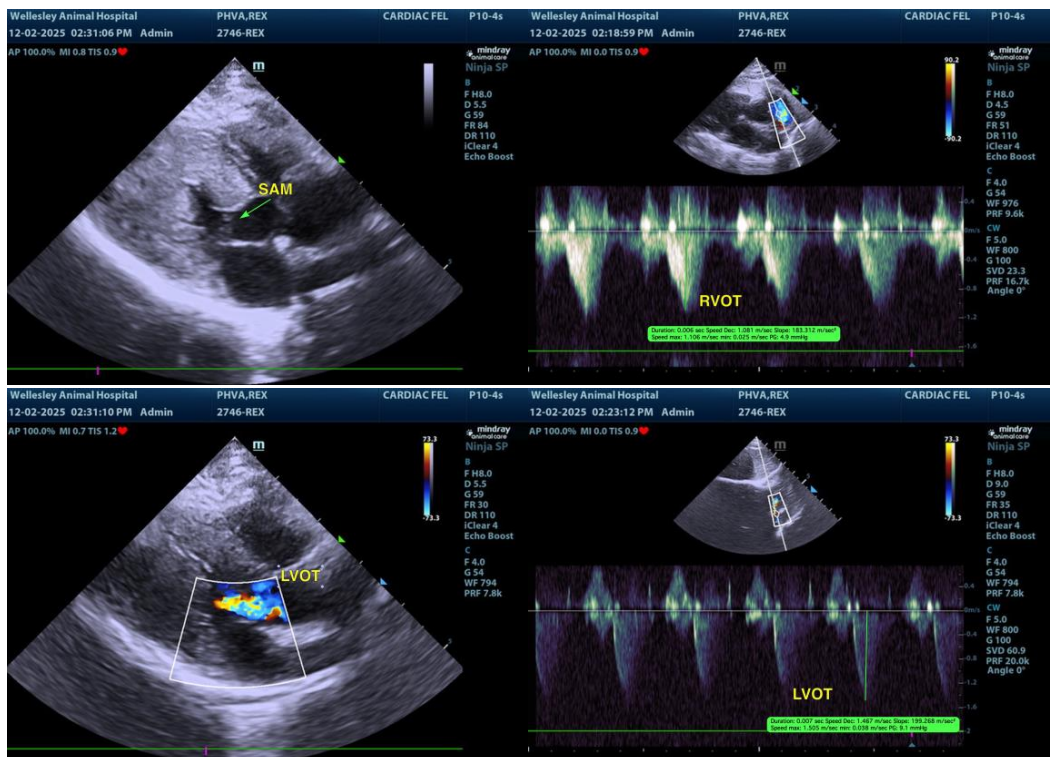
- Hypertrophic obstructive cardiomyopathy - compensated

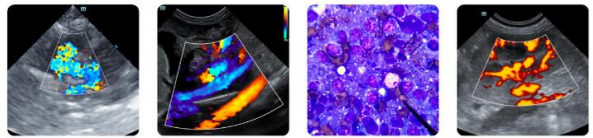
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left ventricular changes in conjunction with evidence of SAM and mild dynamic LV outflow profile on Doppler are most likely the source of the murmur. Overt concurrent or secondary MR was not definitive, yet mild MR is considered probable. Some degree of mild mitral valve dysplasia, given the patient's age, is not definitively excluded. The current hemodynamic effects of the murmur appear low, given the lack of LA or left heart chamber enlargement.

Assessment and monitoring of systemic BP to rule out complicating factors is suggested. There is no obvious indication for cardiac medications at this stage. Prognosis is variable, and sonographic monitoring is advised for further assessment. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs arise or if there is an increase in murmur intensity. Anesthetic risk is considered mild. If required, the following protocol is suggested.

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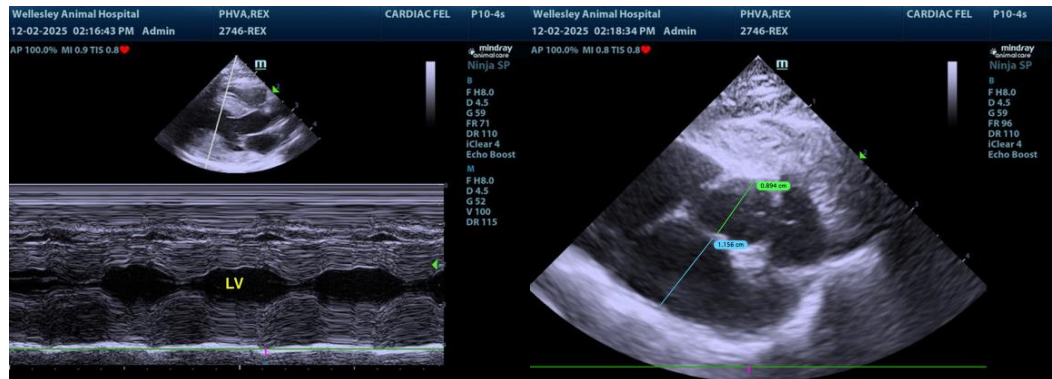
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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