



PATIENT

Tigger Schaub

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

6

WEIGHT

10.8

PRESENTING CLINICAL SIGNS

Episodes of intermittent hypoxic/neuro activity, freezing episodes Mild cardiomegaly on rads

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	0.7	1.8	0.64	35	68
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	NM	2.1	2.2		--	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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

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Cardiac Presentation

The left ventricular wall is mildly hypertrophied with regions of mild irregular myocardial contour. Mild hyperechoic endocardium which may suggest fibrosis and ventricular remodeling. Mildly prominent remodeled papillary muscle. Adequate to subjective mild reduced LV contractility. Significantly increased left atrial dimension with possible indistinct to emerging LA spontaneous contrast. Nonthickened mitral valve with normal extension in systole and union in diastole. No overt MR on doppler. Concurrent increased right atrial dimension with possible concurrent borderline increased right ventricle size. Right atrial dimension measured 2.7 cm. Normal RVOT velocity. No overt TR on doppler. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors or arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Bi-atrial enlargement with possible indistinct to emerging LA spontaneous contrast.
- Mild thickened LV.
- Possible borderline increased RV dimension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiomyopathy in this patient may indicate hypertrophic cardiomyopathy or unclassified cardiomyopathy phenotype given bi-atrial enlargement. Regardless of classification, the degree of LA enlargement with possible indistinct to emerging LA spontaneous contrast indicates the current and future risk of complication is significantly elevated with likely clinical signs associated with cardiac dysfunction. Going forward, this patient will remain at significant increased risk for CHF, development



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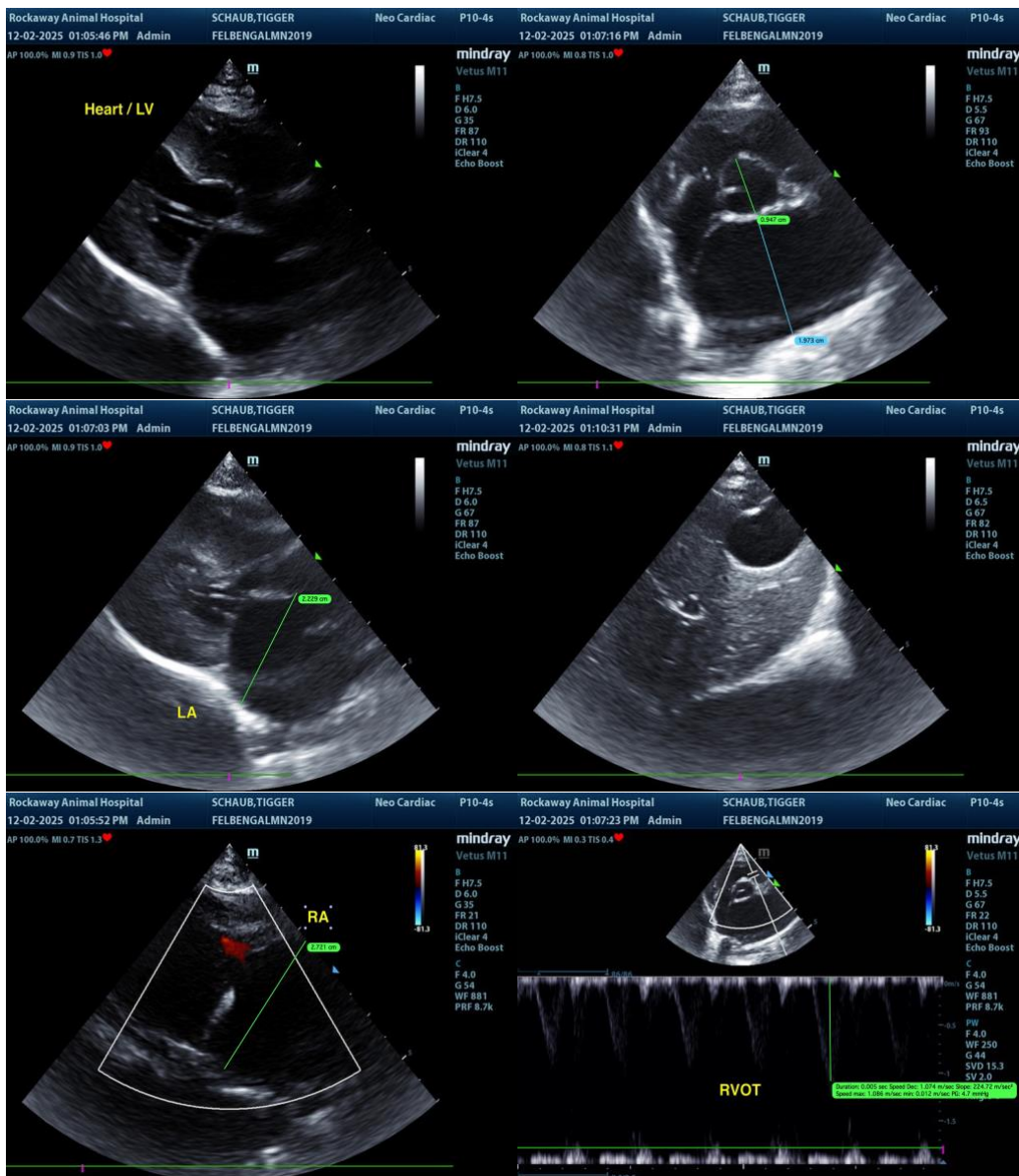
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of malignant arrhythmia and thrombotic event. Clopidogrel 75 mg tab ¼ tab PO SID, Lasix 1.0 to 2.0 mg/kg PO BID and Pimobendan 1.25 mg PO BID is recommended. Monitoring of renal parameters, systemic BP and ECG are indicated. Assessment of T4 level if not recently done is suggested. Elective anesthesia is not advised. Sonographic monitoring is required for further assessment and prognosis. Recheck echo recommended in 4-6 months or sooner if progressive clinical signs.



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



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can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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