



PATIENT

Abby Estella Blackwell

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

11.2

PRESENTING CLINICAL SIGNS

Hyperthyroidism chronic vomiting

Abnormal PE/Chem/CBC/UA Results: Bw- mild elevated Cr, Bun Hyperthyroidism heart murmur grade 3/6

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	0.58	1.5	0.56	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	--	1.0	1.2		1.4	1.5	NM
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

Dr Sharkawy

HOSPITAL NAME

Union Vet Animal Hospital

REFERRING VET

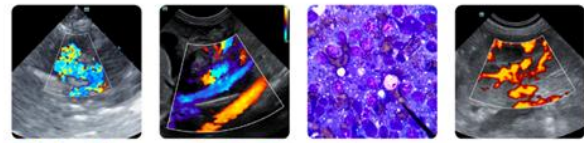
Dr Sharkawy

INVOICE 23301

DATE 12/20/2025

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. No LA spontaneous contrast. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No obvious SAM. Color Doppler assessment of the mitral valve was not utilized. The left ventricle presented borderline increased free wall and septal thicknesses with mild alinear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated subjectively unremarkable structure. Normal measured LVOT. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. Doppler assessment of the tricuspid valve not utilized. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window. No evidence of arrhythmia.



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23301

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ULTRASONOGRAPHIC FINDINGS

Primary

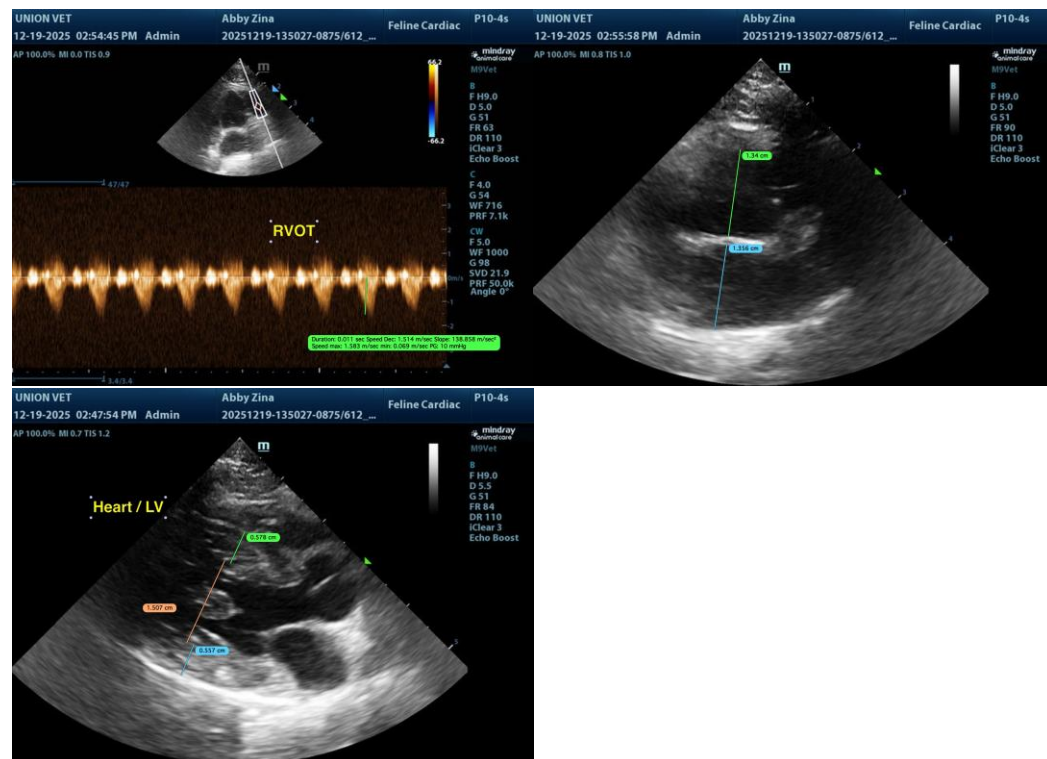
- Normal LA
- Borderline thickened LV with myocardial remodeling
- Normal RA / RV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural /functional cardiomyopathy. The borderline increased LV with remodeling may indicate emergent to low-grade HCM phenotype in conjunction with patient history and if patient is normotensive. An obvious cause of the murmur was not visualized. Regardless of classification, the heart appears to be stable with current low hemodynamic murmur effect. No indication for cardiac medications.

Conservative monitoring of the murmur going forward is recommended with recheck echo suggested in 6 months, sooner if increase in murmur intensity or if clinical signs arise.

Current cardiac anesthetic risk 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



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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.

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