



PATIENT

Nadia Morgan PHVA

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2yr

WEIGHT

6.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Ryan Leal

HOSPITAL NAME

Wellesley Animal
Hospital

REFERRING VET

Dr Ryan Leal

INVOICE
23338

DATE
12/24/2025

PRESENTING CLINICAL SIGNS

Pt presents for echo following auscultated heart murmur and elevated ProBNP. Pt is through a Feline Rescue organization. Rescue DVM auscultated murmur, found an abnormal ProBNP (ProBNP: 1500), and recommended echo. Pre-anesthetic echo performed in Nov 2025 - no elevated risk for OHE. OHE performed uneventfully. Pt represents for full echo. Pt was nursing kittens through September 2025.

Abnormal PE/Chem/CBC/UA Results: PE: No murmur auscultated today but historical 3/6 parasternal systolic murmur noted, BSC 5/9, remainder of PE WNL ProBNP: 1500 on 11/1/2025

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	0.43	1.4	0.43	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	--	1.4	1.4		1.0	0.68	NM
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 based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR present on Doppler. The left ventricle presented normal thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity was present. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology and kinetics. Trace TR present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity was present. No visible pericardial or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial mediastinum and pericardial regions were free of masses in the visible window.



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ULTRASONOGRAPHIC FINDINGS

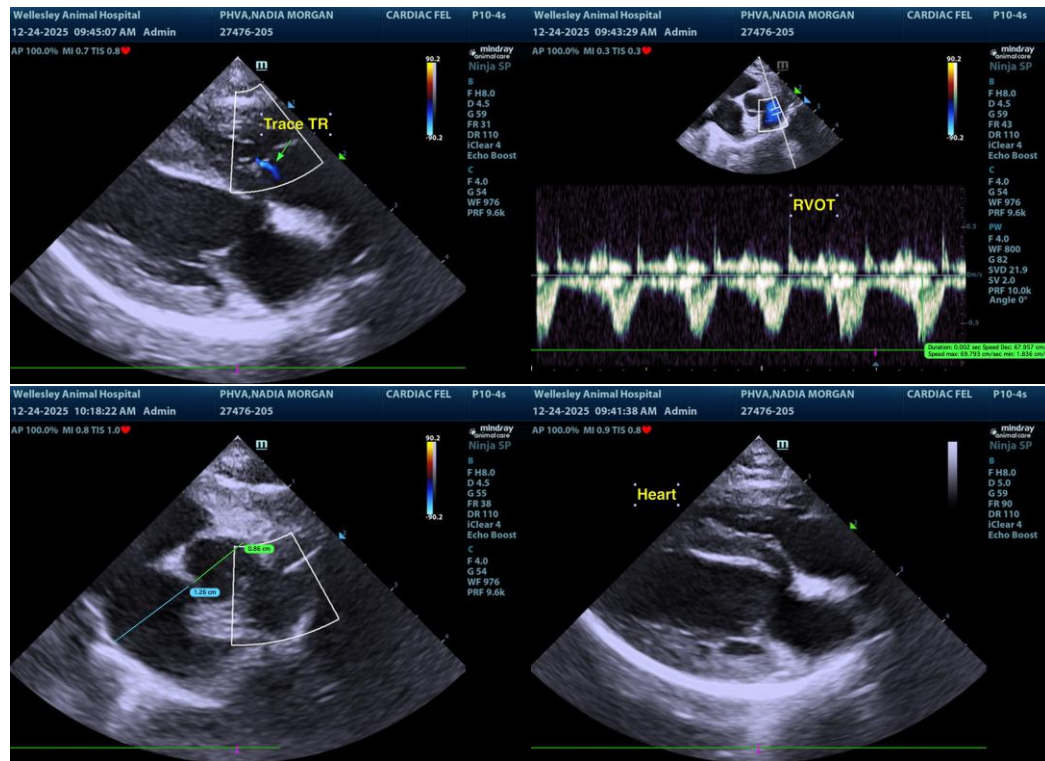
Primary

- Normal cardiac structure / function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues, such as left or right heart chamber enlargement, LV systolic dysfunction, HCM criteria or other structural cardiomyopathy. significant valvular insufficiencies or pulmonary hypertension. Although significant elevated BNP potential false positive, monitoring of BNP level is suggested. No indication for cardiac medications.

Historical to potentially intermittent flow murmur is probable. No indication for sonographic monitoring unless clinical signs consistent with cardiac disease arise, or if persistent murmur of increasing intensity.



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.



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info@sonopath.com

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