



PATIENT

Schmidt Hoffman

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5y 6m

WEIGHT

Pending

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Flanders VC

REFERRING VET

Elizabeth Kyle - Labell

INVOICE

12981

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Newly dx grade 2/6 systolic left sided cardiac murmur. BCS 8/9, mild-mod dental dz.

No current meds.

Abnormal PE/Chem/CBC/UA Results: Pending

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	--	218	0.52	1.82	0.54	40	74
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	--	1.5	1.5	2.2	1.6	--	
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 echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal, no spontaneous contrast. The cranial and caudal **mitral** valve leaflets were indistinctly visualized yet exhibited potential for minor irregular changes with mild eccentric MR noted on doppler. The **left ventricle** presented normal free wall and septal thicknesses with primarily linear contour. The **myocardium** presented some echogenic remodeling which may suggest mild to emerging fibrosis. Mild prominent remodeled papillary muscle. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated mild dynamic outflow pattern with subjective unremarkable structure. Mild increased LVOT velocity noted. 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. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Overall, normal cardiac structure/function



PATIENT

- Mild dynamic LV outflow pattern and mild increased measured LV outflow velocity
- Mild eccentric MR

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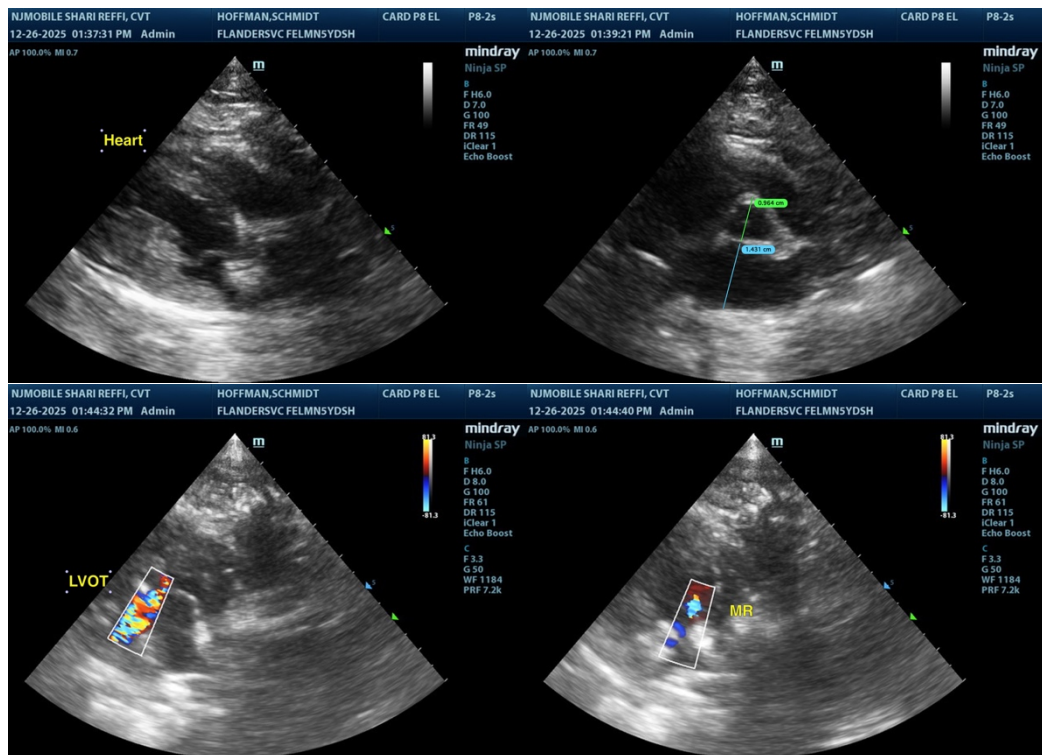
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only potential cause of the low-grade murmur is the mild dynamic LV outflow pattern and mild increased measured LV outflow velocity which without evidence of significant structural pathology essentially classifies as a flow murmur. This finding could also indicate non-visualized indistinct to mild dynamic LV outflow obstruction or systolic anterior motion of the mitral valve (SAM). Regardless of classification, the hemodynamic effects of the murmur appear low without evidence of left or right heart chamber enlargement or LV systolic dysfunction. No indication for cardiac medication. Conservative monitoring of the murmur going forward is advised. Recheck echo suggested in 6-12 months, sooner if increase in murmur intensity or if clinically indicated. Anesthetic risk is considered low to mild. If required, the following protocol is recommended. 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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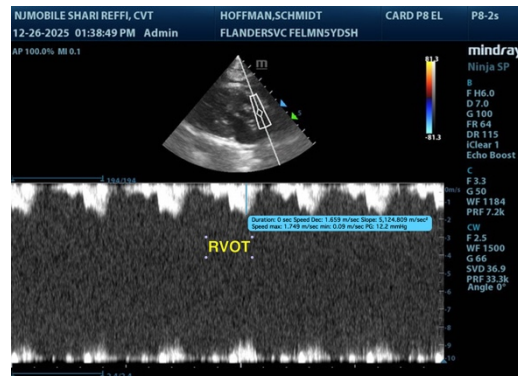
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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