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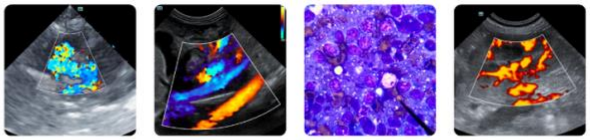

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Stu Kurtz

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
6 Years 4 Months

WEIGHT
4.78 kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY
Dr. Judy McFarlen

HOSPITAL NAME
Westview Veterinary Hospital

REFERRING VET
Dr. Judy McFarlen

INVOICE
12873

DATE
12/29/25

PRESENTING CLINICAL SIGNS

Blood pressure average: 105/70 (83) Prevented with hind limb weakness over the weekend (unsure if related). Mobility normal today, eating and drinking.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL Cardiopet Bnp elevated

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	4.78	NM	0.64	1.37	0.60	46	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	NM	1.22	1.4		1.6	1.0	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 mildly hypertrophied with regions of 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 an elevated LVOT velocity seen on color flow. Dynamic LVOT profile. There is mild to moderate eccentric mitral regurgitation 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.

ULTRASONOGRAPHIC FINDINGS

- Compensated hypertrophic obstructive cardiomyopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOCM is a rule out diagnosis once the patient is deemed euthyroid and normotensive. The lack of LA enlargement or evidence of LA spontaneous contrast/thrombus indicates the current and future risk of thrombotic event or complications is low. Likewise, given the lack of LA enlargement, no overt indication for cardiac medication at this stage. Serial sonographic monitoring is required for further prognosis. Recheck echo is recommended in 6 months or sooner if clinical signs arise. Current

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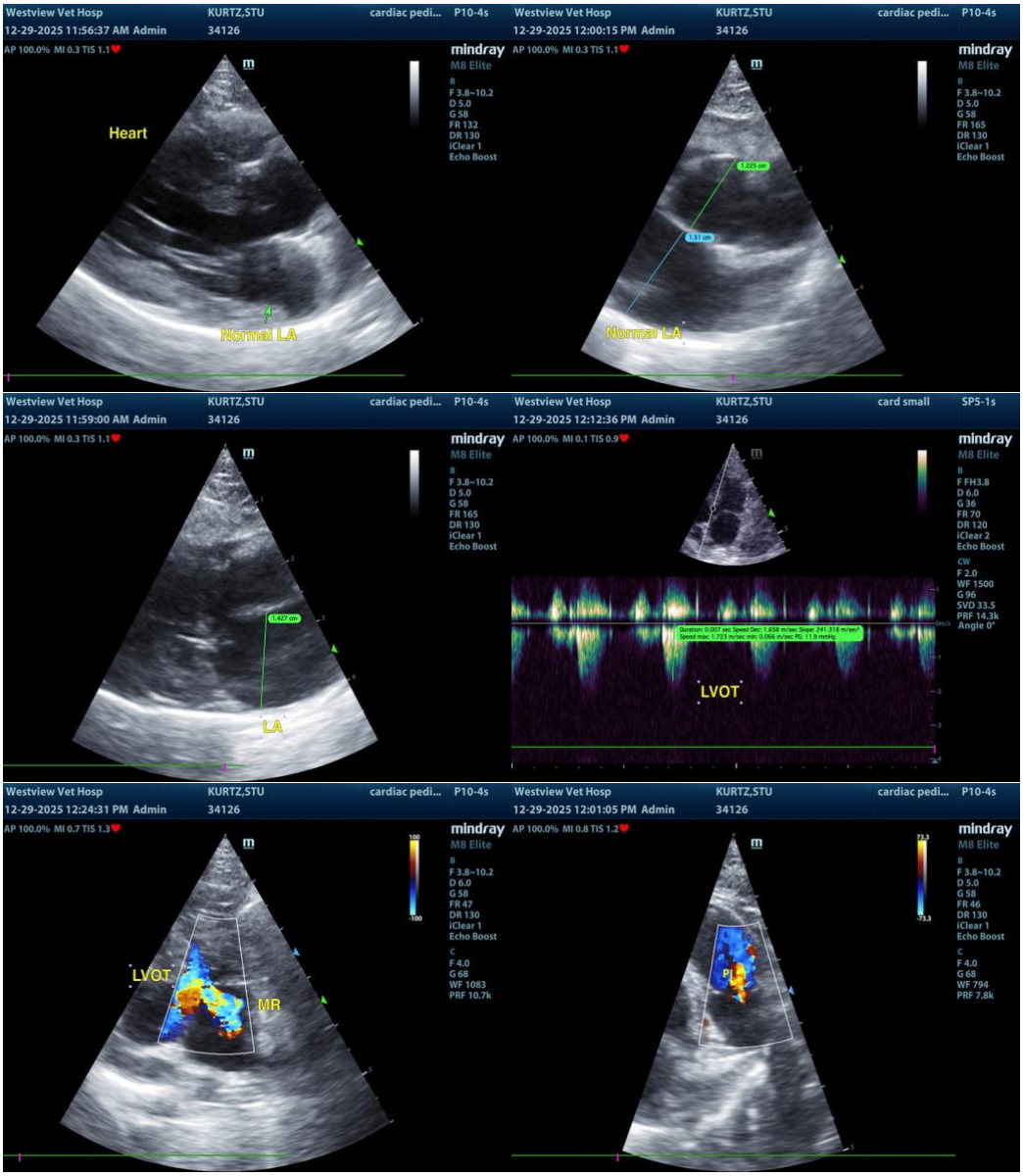
anesthetic risk is considered mild. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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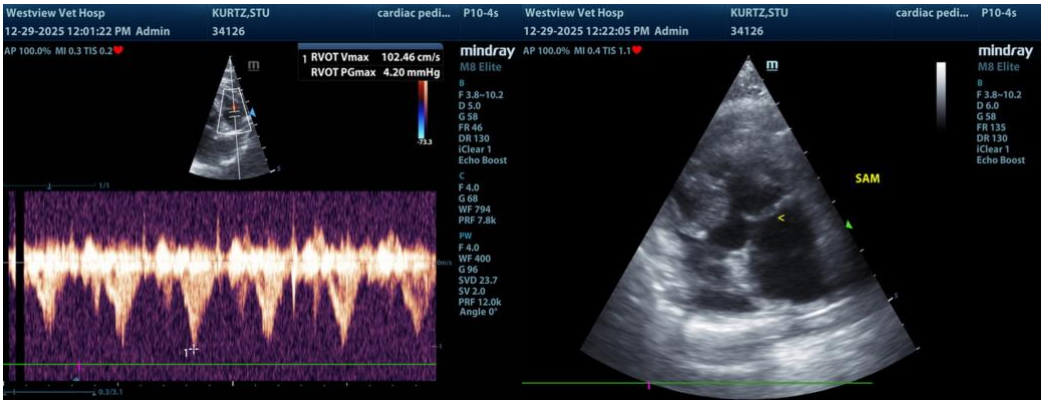

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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