



PATIENT

Remy Maxwell Mueller

SPECIES

Feline

BREED

Tabby

SEX

Neutered Male

AGE

10

WEIGHT

10

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Ray

INVOICE

12908

DATE

12/31/25

PRESENTING CLINICAL SIGNS

Constipation Urinates outside the litter box

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade3/6 BW-Mild elevated globulin Aggression

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	0.55	1.4	0.51	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	NM	1.3	1.4	1.0	0.7	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 echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal with 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 overt significant MR on doppler and no evidence of systolic anterior motion (SAM). The **left ventricle** presented normal free wall and septal thicknesses with linear 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 normal laminar flow with subjectively unremarkable structure. Normal measured LVOT velocity. 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. No overt TR on doppler. 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. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function with mild LV remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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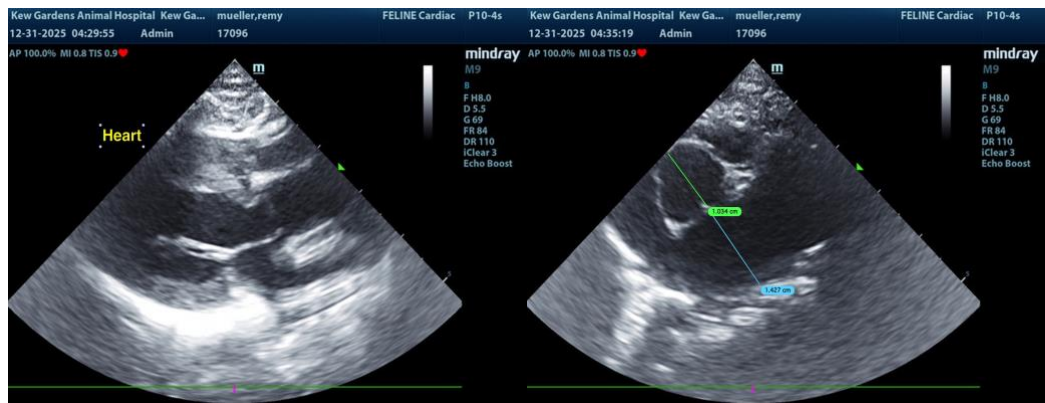
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Assuming no volume changes such as dehydration or anemia, a benign flow murmur is probable although a small nonvisualized flow abnormality cannot be excluded. No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, overt HCM criteria or other cardiomyopathy. Regardless of classification, the hemodynamic effects of the murmur appear low. No indication for cardiac medication. Conservative monitoring of the murmur going forward is advised with recheck echo suggested in 6 months or sooner if increase in murmur intensity or of clinical signs arise. Current cardiac anesthetic risk is mild without overt anesthetic contraindications. 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 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)

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