



**PATIENT**

Milo Nielson

**PRESENTING CLINICAL SIGNS**

Trouble breathing, investigating cardiac relation. No current medications.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

3 yrs

**WEIGHT**

13.5 lbs.

**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		171	0.65	1.64	0.65	44	77
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		2.4	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							

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

William Penn VH

**REFERRING VET**

Dr. Bouzaout

**INVOICE**

10428

**DATE**

12/9/25

**Cardiac Presentation**

The left ventricular wall is mildly hypertrophied with regions of irregularity. There is a diffuse mild hyperechoic endocardium suggestive of mild fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. Indistinct yet probable systolic anterior motion (SAM) of the mitral valve present, with a mildly elevated LVOT velocity and eccentric MR seen on Doppler 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**

- Hypertrophic obstructive cardiomyopathy phenotype
- Normal LA
- Eccentric MR with mild elevated LV outflow velocity



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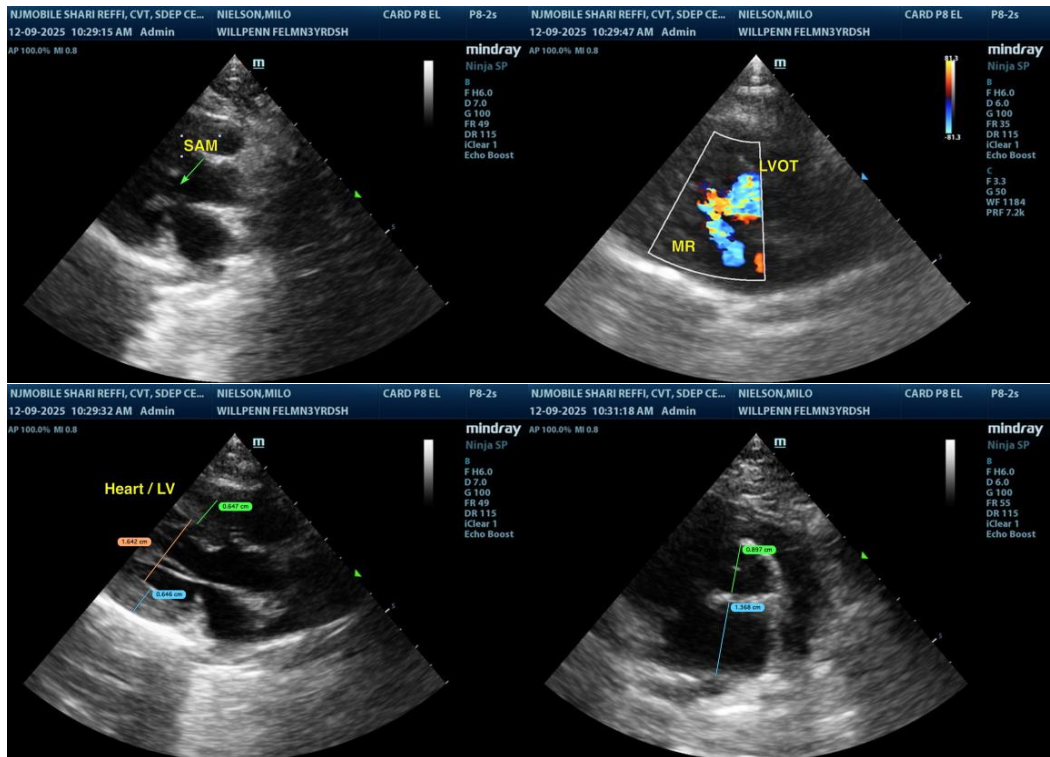
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of LA enlargement or overall cardiac chamber enlargement indicates that the current and future risk of complications secondary to mitral valve insufficiency at this stage is low. Without evidence of additional clinical issues such as LV systolic dysfunction, the risk for abnormalities in this patient appears to be noncardiogenic in origin. There is no obvious indication for current cardiac medication. Correlation with three-view chest radiographs and concurrent respiratory support is recommended. Echocardiographic monitoring is required for further prognosis and assessment. Recheck echocardiogram is suggested in 6 months, sooner if clinically indicated. Assessment of systemic BP +/- T4 level, given patient age, to rule out potential complicating factors, is suggested. Current cardiac anesthetic risk is considered mild. If required, the following protocol is suggested.

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.

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