



**PATIENT**

Lil Bit Lesko

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

3.5 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine / Feline Practice)

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Pet Stat Animal Urgent Care

**REFERRING VET**

Dr. Doug Payne

**INVOICE**

13865

**DATE**

2/19/26

**PRESENTING CLINICAL SIGNS**

- BCS 5/9
- Pre-anesthetic evaluation for advanced dental
- Grade 3/6 heart murmur
- Abnormal ProBNP
- Chronic URI
- Current Meds: Gabapentin 50mg (1 night before and day of u/s)

**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	3.5	166	0.6	1.4	0.58	35	68
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	--	1.2	1.2		1.0	0.9	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 based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes not considered clinically significant with adequate extension in systole and diastole. No overt significant MR on doppler or evidence of systolic anterior motion (SAM). The **left ventricular** septum and free wall revealed adequate contractility and normal left ventricular volume with borderline increased septal and free wall dimension yet with some echogenic remodeling of the septum and free wall were noted consistent with **myocardial fibrosis**. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. 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. 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). 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. No evidence of arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**



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- Borderline increased LV dimension with myocardial fibrosis/remodeling.
- Normal LA.
- Normal RA/RV.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Borderline necrotic HCM phenotype is a potential in this patient which would be a rule-out diagnosis if the patient is deemed euthyroid and normotensive. Correlation with systemic BP and T4 level is recommended. Assuming no volume changes such as dehydration or anemia, a flow murmur is considered probable although a small non-visualized flow abnormality is not excluded. Regardless, the hemodynamic effects of the murmur at this stage appear low. No overt indication for cardiac medication.

Sonographic monitoring advised for further assessment and prognosis with recheck echo suggested in six months or sooner if clinically indicated. Cardiac anesthetic risk is considered mild. The following protocol is suggested with clinical monitoring and appropriate to judicious IV fluid administration. 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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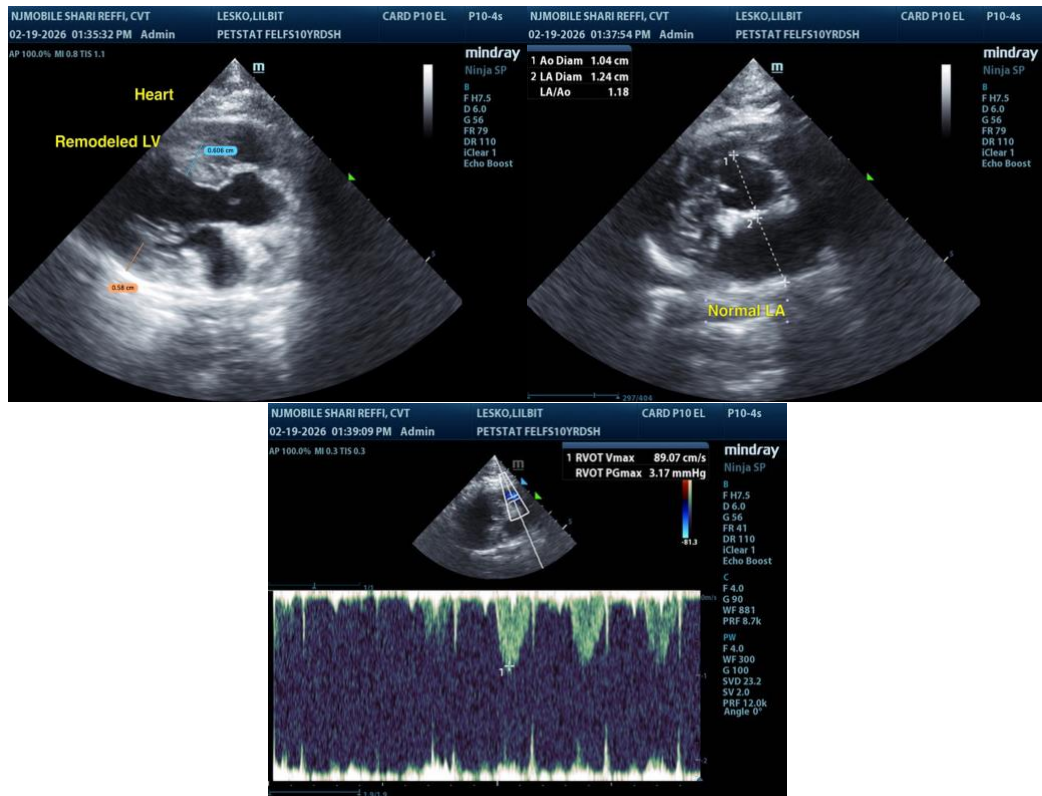
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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