



**PATIENT**

Rosie Steenland

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

17yr

**WEIGHT**

7.88lb

**PRESENTING CLINICAL SIGNS**

- BCS 4/9
- Heart murmur
- Arrhythmia
- Recent hx cystitis
- Receiving Clavacillin 62mg bid for cystitis
- Gabapentin administered 1hr before scan
- Abnormal PE/Chem/CBC/UA Results: USG: 1.013, sed normal

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	7.88lb	202	0.34	1.79	0.31	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	1.55	1.6		1.0	0.7	NM
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**

Harmony Animal Hospital

**REFERRING VET**

Dr Eppler

**INVOICE**  
23937

**DATE**  
02/19/2026

**Cardiac Presentation**

The echocardiogram in this patient demonstrated borderline increased left atrial size with mild bulbous appearance. Chamber volume and blood echogenicity were normal. 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. Eccentric MR present on Doppler. 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. Subjective assessment of the right atrium and auricle revealed borderline to mild increased size, normal 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). No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**



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**Primary**

- LV myocardial remodeling with adequate LV contractility
- Borderline biatrial enlargement
- Eccentric MR

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is most consistent with mitral valve insufficiency. The borderline increased LA dimension indicates the current and future risk of complication secondary to MR is mildly elevated, yet overall the heart appears to be stable. No indication for cardiac medications at this stage. Sonographic monitoring required for further assessment and prognosis.

Recheck echo suggested in 6 months, sooner if clinical signs arise. Correlation with ECG is recommended.

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.



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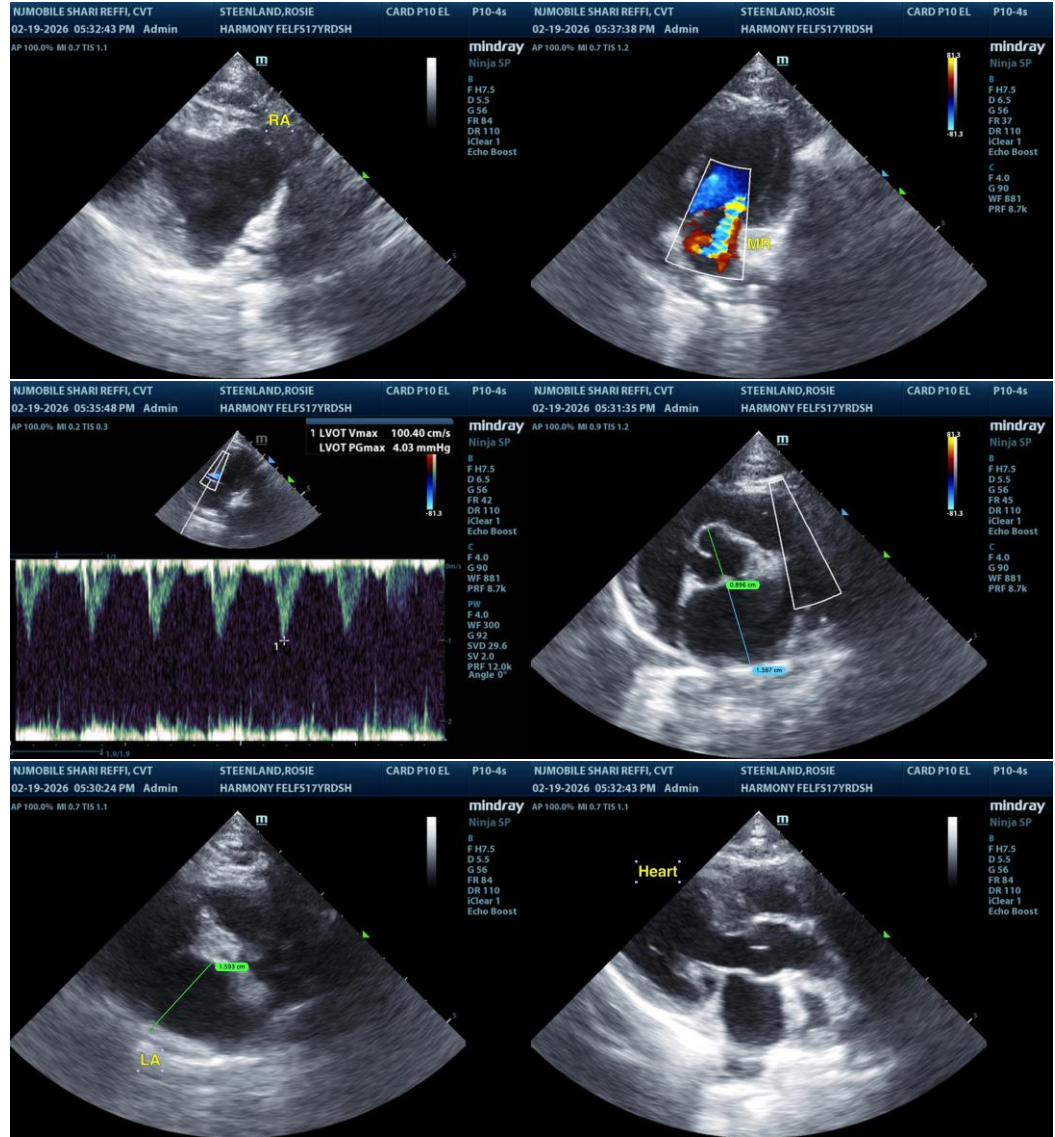
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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