



PATIENT

Sergio Buchanan

SPECIES

Feline

PRESENTING CLINICAL SIGNS

- Follow-up scan:
- Primary
- Mild thickened to remodeled LV
- Normal LA
- Eccentric MR
- Abnormal PE/Chem/CBC/UA Results: Grade V/VI systolic murmur. RTL amputee.

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

11.9lb

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	11.9lb	NM	0.68	1.0	0.70	42	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	--	1.1	1.3		1.6	1.0	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

Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

Sorbo

INVOICE
23945

DATE
02/19/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure with no evidence of “smoke” or thrombi. The cranial and caudal mitral valve leaflets appeared mildly thickened with mild eccentric MR noted on Doppler. The left ventricle presented subjective mild progressive excessive free wall and septal thicknesses. The myocardium presented increased echogenicity consistent with some level of myocardial fibrosis. Contractility of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The left ventricular outflow tract demonstrated turbulent laminar flow. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated linear morphology. The right ventricle was of normal size with normal chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The mediastinum was free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Previously noted to mild progressive thickened to remodeled LV with LV myocardial remodeling / fibrosis



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- Normal LA
- Static eccentric MR

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HCM criteria is a primary differential once deemed euthyroid and normotensive. No obvious evidence of SAM. The persistent normal LA dimension continues to indicate that the current and future risk of complication, CHF or thrombotic event remains low. No overt indication for cardiac medication, although rapamycin could be a consideration in this patient.

Continued sonographic monitoring advised. Recheck echo is recommended in 6 months, sooner if clinical signs arise. Cardiac anesthetic risk is considered mild to moderate, 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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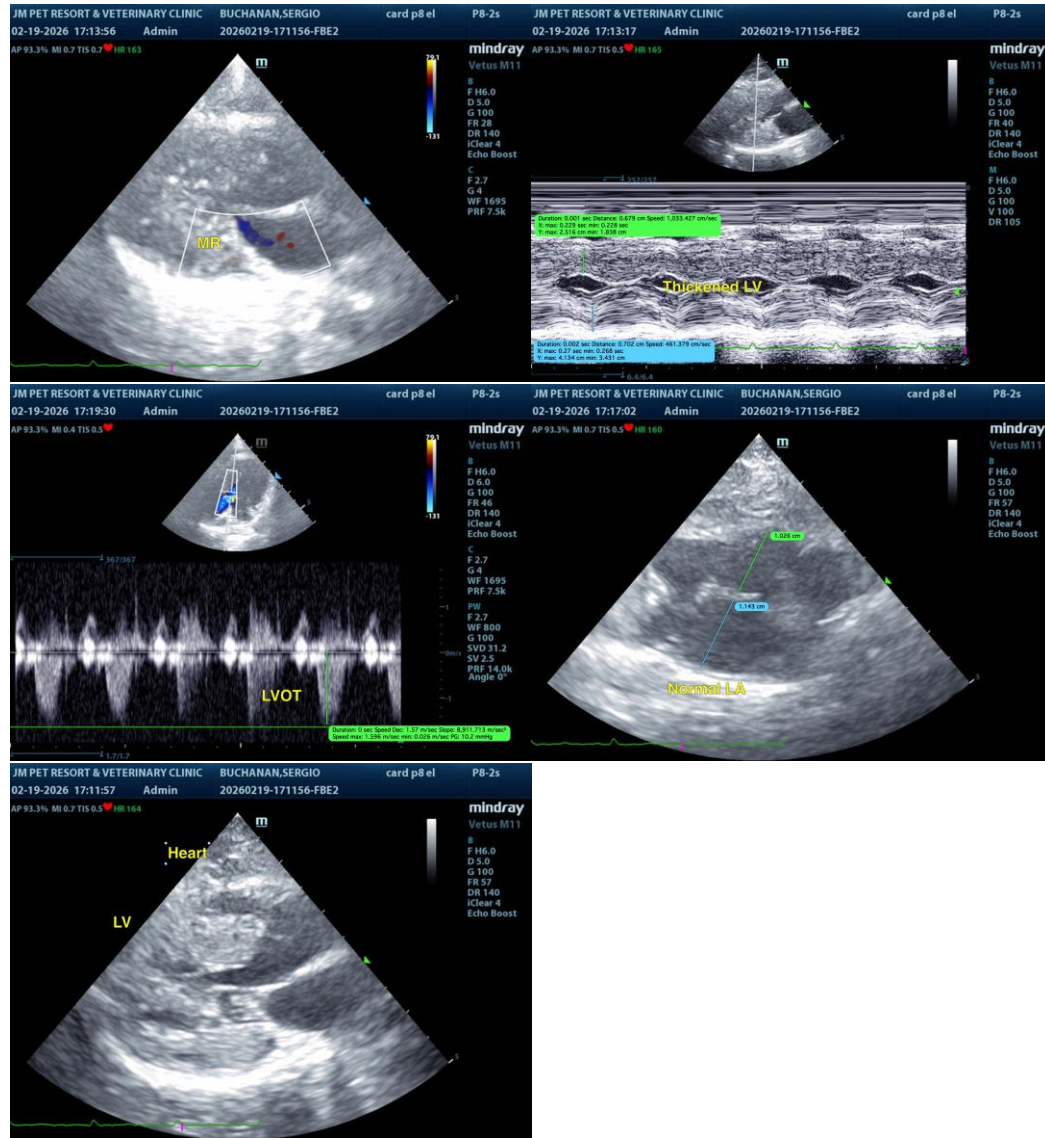
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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