

PATIENT

Little Walter Mattison

SPECIES

Feline

BREED

Ragdoll Mix

SEX

MN

AGE

14yr

WEIGHT

12lb

PRESENTING CLINICAL SIGNS

- BCS 6/9
- Grade 3/6 heart murmur
- Pre-anesthetic evaluation
- Asymptomatic
- PDDZ grade 3
- (Gabapentin); No other current meds
- Abnormal PE/Chem/CBC/UA Results: Pending

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	12lb	NM	0.58	1.54	0.57	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	--	1.75	1.6		1.5	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

VCA Blairstown

REFERRING VET

Dr Clegg

INVOICE 24024

DATE 02/27/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated mild enlarged left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented mild irregular changes with normal extension in systole and union in diastole. No obvious MR on Doppler. The left ventricular septum and free wall revealed normal thicknesses, reduced contractility and mildly reduced left ventricular volume with subjective reduced diastolic filling. Some echogenic remodeling of the septum and free wall and a linear contour was present. This is most consistent with some level of myocardial fibrosis and remodeling. The left ventricular outflow tract demonstrated mild dynamic outflow pattern with normal measured LVOT velocity. The right atrium and auricle revealed increased size and normal 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). Normal measured RVOT velocity. 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.



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ULTRASONOGRAPHIC FINDINGS

Primary

- LV myocardial remodeling /fibrosis with adequate LV contractility
- Mild LA enlargement
- Normal RA / RV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild increased LA dimension indicates that the current or future risk of complication is mildly elevated yet overall, the heart appears to be compensated. A definitive cause of the murmur was not obvious. A benign / flow murmur is considered probable although a small non-visualized flow abnormality is not excluded. The current hemodynamic effects of the murmur appear mild. No obvious indication for cardiac medication at this stage yet prognosis is mildly guarded to variable given mild increased LA dimension. Sonographic monitoring advised with recheck echo suggested in 6 months, sooner if clinical signs arise.

Anesthetic risk is considered mild. The following protocol is suggested with clinical monitoring and judicious IV fluid administration. Assessment of systemic BP to rule out hypertension recommended prior to anesthesia.

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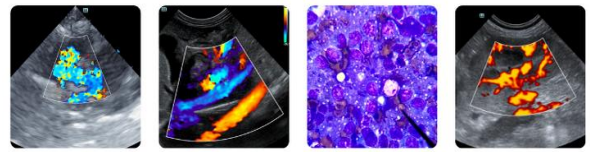
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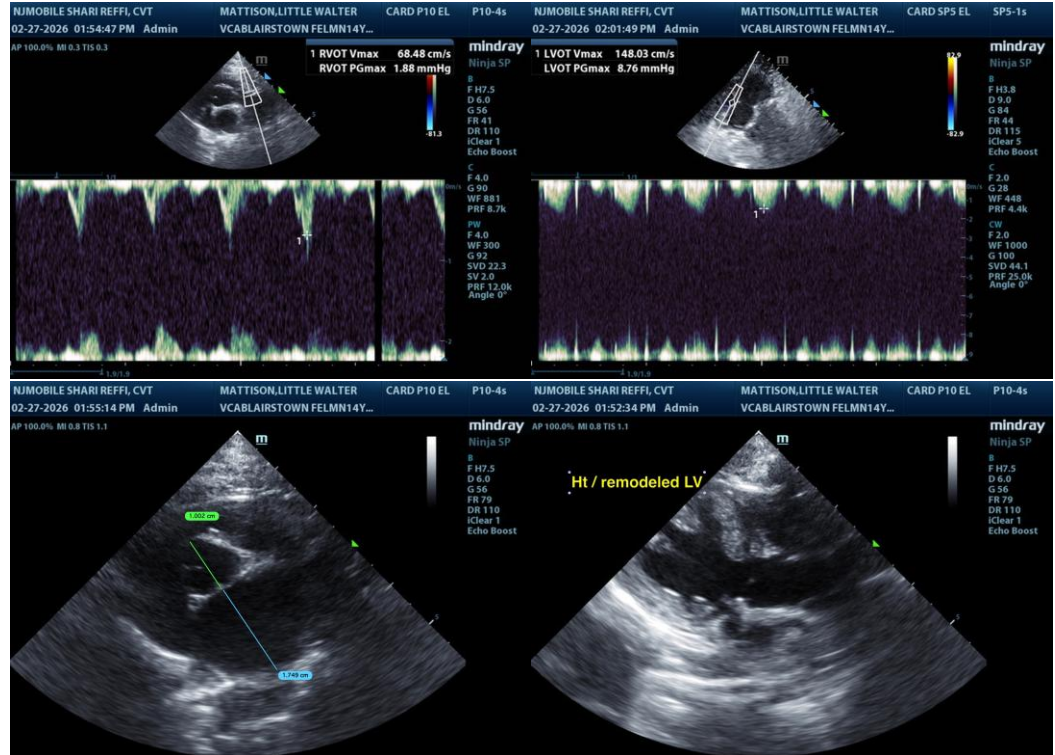
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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