



PATIENT

Leo Green

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 9 Months

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melynda
Stephenson

HOSPITAL NAME

Sweetwater Veterinary
Hospital

REFERRING VET

Dr. Melynda
Stephenson

INVOICE

13598

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- Leo was given 200mg Gabapentin the night before and 2 hours before ECHO. He was also given Torbugesic 10mg/mL - 0.15 mL IM 20 minutes before ECHO.
- Grade 1 heart murmur that has been present for 8+ years.
- Heart murmur has went up to grade 3 during urinary blockage with stress and dehydration. (~2yrs ago), but went back to grade 1 murmur when better.
- ProBNP has always been normal.
- CardioPet ECG report: Normal ECG.
- Normal BP readings.
- Thoracic radiographs: WNL
- Random episodes of a possible cough or re-gurge episode that only occur 1-3x per year.
- HX of chronic cystitis and 1 urinary blockage (~2yrs ago).
- Has current bladder stone (has been on strict RX urinary diet for 8+ years).
- Takes 5mg Prozac SID and 100mg Gabapentin SID every day.
- Cystotomy scheduled in the near future.

Abnormal PE/Chem/CBC/UA Results: Grade 1 heart murmur CBC: WNL Chem: Slight triglyceride elevation (274), otherwise WNL U/A: PH=9 / Struvite crystals: 11-20 per HPF / RBC 11-20 per HPF / Bladder stone present on radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LWVd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	15.0	NM	0.59	1.44	0.59	40	75
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	1.1		NM	NM	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 and dimension. 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. No definitive MR 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.



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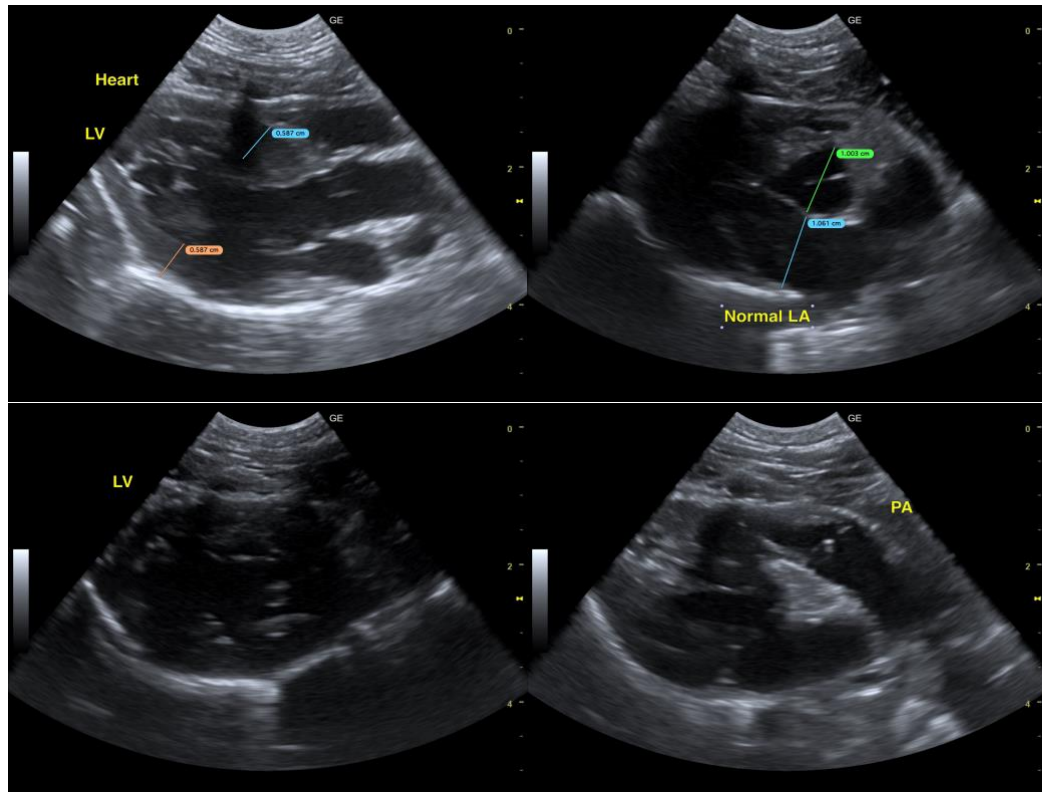
Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure 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 visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

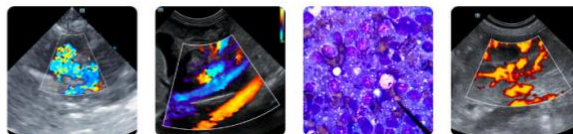
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function with mild LV remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of cardiac clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, HCM criteria or other cardiomyopathy. A definitive cause of the murmur was not identified. Assuming no volume changes such as dehydration or anemia, a benign flow murmur is probable. A small nonvisualized flow abnormality is not excluded. Regardless of classification, the hemodynamic effects of the murmur are low. Monitoring of the heart murmur is recommended without indication for cardiac medications. Recheck echocardiogram is recommended in 6-12 months, sooner if murmur intensity increases or clinical signs arise. No anesthetic contraindications. 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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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.

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

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