



**PATIENT**

Wisdom Fenlon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years 8 Months

**WEIGHT**

9 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Smithfield Animal  
 Hospital

**REFERRING VET**

Dr. Hull

**INVOICE**

13606

**DATE**

02/05/26

**PRESENTING CLINICAL SIGNS**

- Grade 2/6 L parasternal heart murmur
- Pre-anesthetic assessment
- Current Meds: Gabapentin 25mg-50mg poi bid for anxiety. (Gabapentin; Torb)

ECG: L axis deviation

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	9.0	196	0.54	1.55	0.53	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	--	1.4	1.3		1.7	1.0	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 left ventricular wall is normal in dimension with regions of mild myocardial irregularity. There is normal to mildly increased endocardium echogenicity with mild ventricular remodeling. Mildly prominent papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. There is possible indistinct systolic anterior motion (SAM) of the mitral valve with a normal measured LVOT velocity seen on color flow. Mild dynamic LVOT profile. There is minor mitral regurgitation on doppler. Normal right atrial size. Normal right ventricle size. Normal RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**ULTRASONOGRAPHIC FINDINGS**

- Normal LA.
- Nonthickened LV with mild remodeling.
- Possible mild SAM.
- Minor mitral regurgitation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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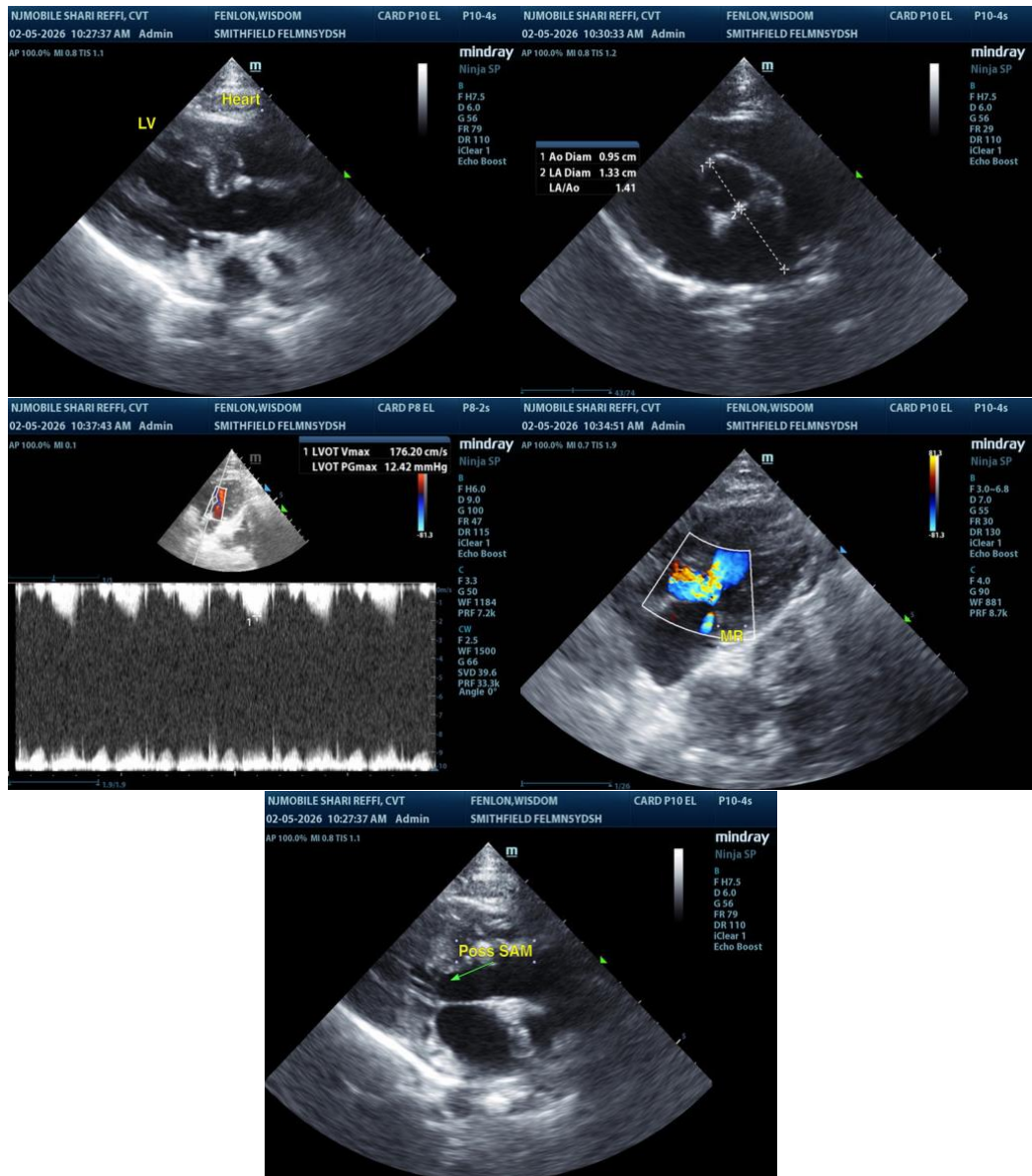
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The cause of the murmur is most consistent with mild mitral regurgitation, possibly associated with mild to indistinct dynamic LV outflow obstruction secondary to systolic anterior motion of the mitral valve.

Regardless of classification, the lack of cardiac chamber enlargement indicates the current hemodynamic effects of the murmur are low. No indication for cardiac medication. Conservative monitoring of the murmur going forward is advised. Recheck echoes is suggested in 8-12 months, sooner if clinically indicated. 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)

[info@SonoPath.com](mailto:info@SonoPath.com)