

PATIENT

Grayson Overly

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4

WEIGHT

12.04

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Renee Ziegler-Post

INVOICE

13184

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- Previously diagnosed with LV hypertrophy likely due to hypertrophic cardiomyopathy (HCM) (mild/moderate)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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	--	NM	0.69	1.8	0.67	45	78
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	--	1.35	1.4		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 left ventricular wall is mild hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. Suspect systolic anterior motion (SAM) of the mitral valve present, with dynamic LVOT profile noted on doppler. Suspect mild eccentric MR secondary to SAM. 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

- HCM/HOCM phenotype
- Normal LA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement indicates that the current and future risk of complication is low. Assessment of systemic BP and T4 level to rule out complicating factors is recommended, No overt indication for cardiac medication at this stage. Serial sonographic monitoring is advised for further assessment and prognosis. Recheck echo suggested in 6 months, sooner if clinically indicated. Current anesthetic risk is considered mild. If required, the following protocol is recommended with clinical



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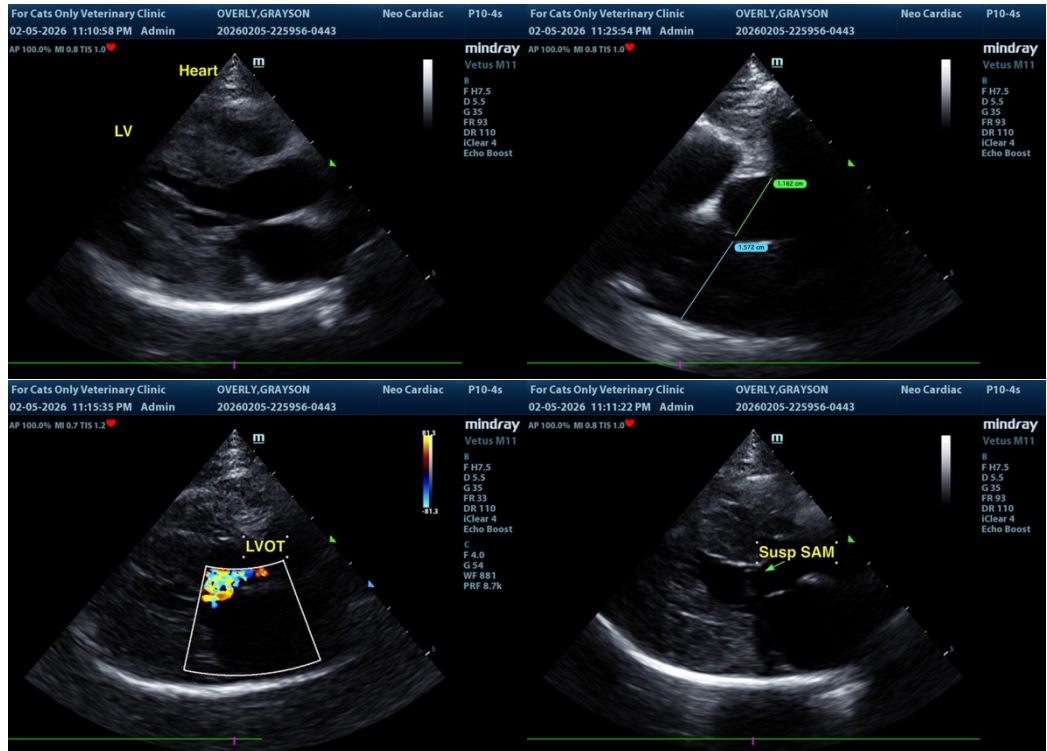
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monitoring. No anesthetic contraindications. Anesthetic risk is considered mildly elevated. Elective anesthesia is not advised.



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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