



PATIENT

Toast Nolan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2

WEIGHT

12

PRESENTING CLINICAL SIGNS

Recheck prev u/s 12/30/24 Doing well at home , no concerns Current meds Clopidogrel 75mg 1/4 SID

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	12	NM	0.62	1.3	0.63	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	--	1.2	1.4		--	1.1	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

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Ascot

INVOICE

72821

DATE

2/9/26

Cardiac Presentation

The left ventricular wall is mild hypertrophied with mild regions of irregularity. There is mildly diffusely hyperechoic endocardium suggestive of fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy with regions of mild remodeling. Normal left atrial dimension, no spontaneous contrast. Definitive systolic anterior motion (SAM) of the mitral valve not present yet suspected based on previous echo. Mild dynamic LVOT profile on doppler. There is mild eccentric mitral regurgitation present likely 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

- Mildly thickened LV with mild remodeling.
- Normal LA.
- Mild eccentric MR.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of previously noted SAM was not overtly visualized in this study, yet not excluded, given evidence of mild MR. This could suggest continued compensated HCM/HOCM phenotype. Regardless of classification, the lack of LA or generalized cardiac chamber enlargement continues to indicate that the current or future risk of complication or thrombotic event is low. No indication for cardiac medication. Continued supportive and sonographic monitoring recommended for further assessment and prognosis. Recheck echo suggested in 6-12 months, sooner if clinically indicated. No current anesthetic contraindications. Suggested anesthetic protocol may include opioid or



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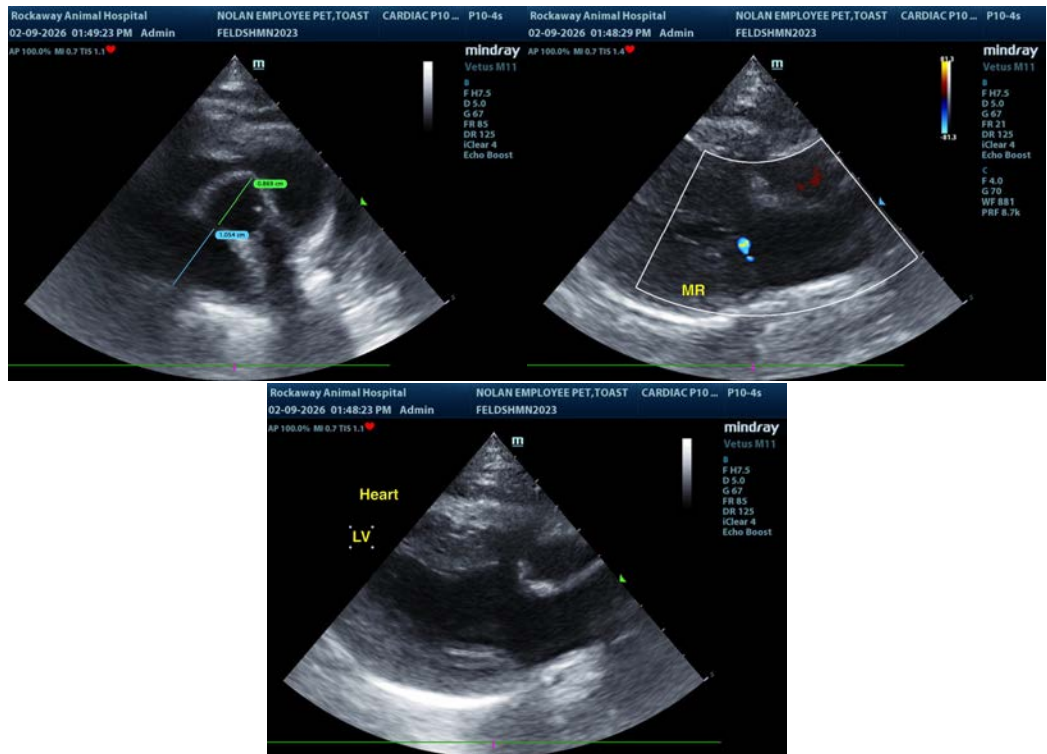
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Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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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