



**PATIENT**

Willow Raido

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

6

**WEIGHT**

11.6

**PRESENTING CLINICAL SIGNS**

Grade 3/6 parasternal HM

Abnormal PE/Chem/CBC/UA Results: Abnormal ProBnp

**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	11.6	NM	0.56	1.66	0.6	50	82
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	1.55		NM	0.9	NM

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 borderline to mild hypertrophied with mild regions of irregularity. There is a diffusely hyperechoic endocardium consistent with mild fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. Suspect indistinct systolic anterior motion (SAM) of the mitral valve present, with mild dynamic LV outflow pattern. Dynamic LVOT profile. Indistinct suspect mild MR present 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**

**Primary**

- Borderline mild thickened LA LV with adequate contractility and evidence of mild LV fibrosis /remodeling
- Suspect SAM and indistinct eccentric MR
- Mild dynamic LV outflow pattern
- Normal LA/ RA

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

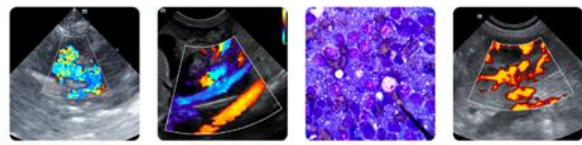
Rockaway Animal Hospital

**REFERRING VET**

Dr Dubos

**INVOICE 24192**

**DATE**  
03/14/2026



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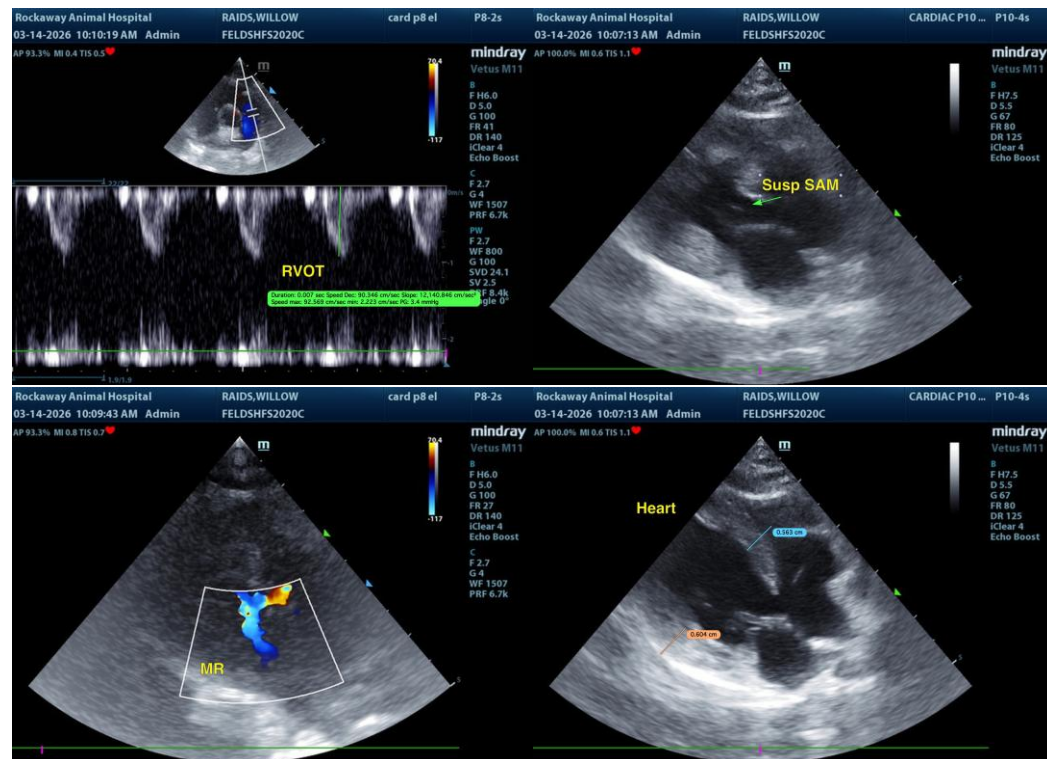
24192

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The echocardiogram is most consistent with compensated hypertrophic obstructive cardiomyopathy which implies some degree of dynamic LV outflow obstruction secondary to indistinct SAM and associated probable mild eccentric MR as the likely cause of the murmur. Regardless of classification the lack of atrial enlargement indicates the current and future risk of complication secondary the murmur at this stage is low. Correlation with a T4 level and assessment of systemic BP to rule out complicating factors is recommended. No obvious indication for cardiac medication at this stage yet prognosis is considered variable and sonographic monitoring is advised.

Recheck echo is suggested in 6 months, sooner if increase in murmur intensity or if clinical signs arise. Current anesthetic risk considered mild. If required the following protocol is suggested. 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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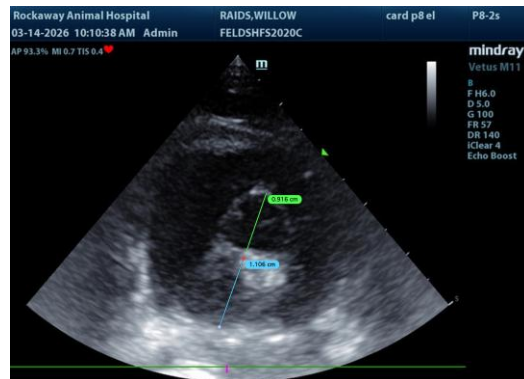
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)