



PATIENT

Yoda Babcock

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year 7 Months

WEIGHT

10.84 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Animal Hospital of
 Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

14604

DATE

03/25/26

PRESENTING CLINICAL SIGNS

- heart murmur III/VI
- venafloxine

Abnormal PE/Chem/CBC/UA Results: Elevated GGT

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	10.84	289	0.82	1.37	0.82	38	74
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	1.5		2.7	1.9	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 significantly 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. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity seen on color flow. Dynamic LVOT profile. There is mild to moderate eccentric mitral regurgitation 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

- Hypertrophic obstructive cardiomyopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is HOCM indicating LV hypertrophy with dynamic LVOT obstruction (SAM) with secondary mitral valve insufficiency. Some degree of mitral valve dysplasia is not definitively excluded given the young age of the patient. The lack of current LA enlargement indicates the current and future risk of complication is low to mild. No obvious indication for cardiac medication at this



PATIENT

Yoda Babcock

stage. Sonographic monitoring is required for further prognosis with recheck echo suggested in six months, sooner if clinical signs arise. Assessment of systemic BP for evidence of hypertension to rule out complicating factor is suggested.

SPECIES

Feline

Current anesthetic risk is considered mild. If required, the following protocol is recommended. 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.

BREED

DSH

SEX

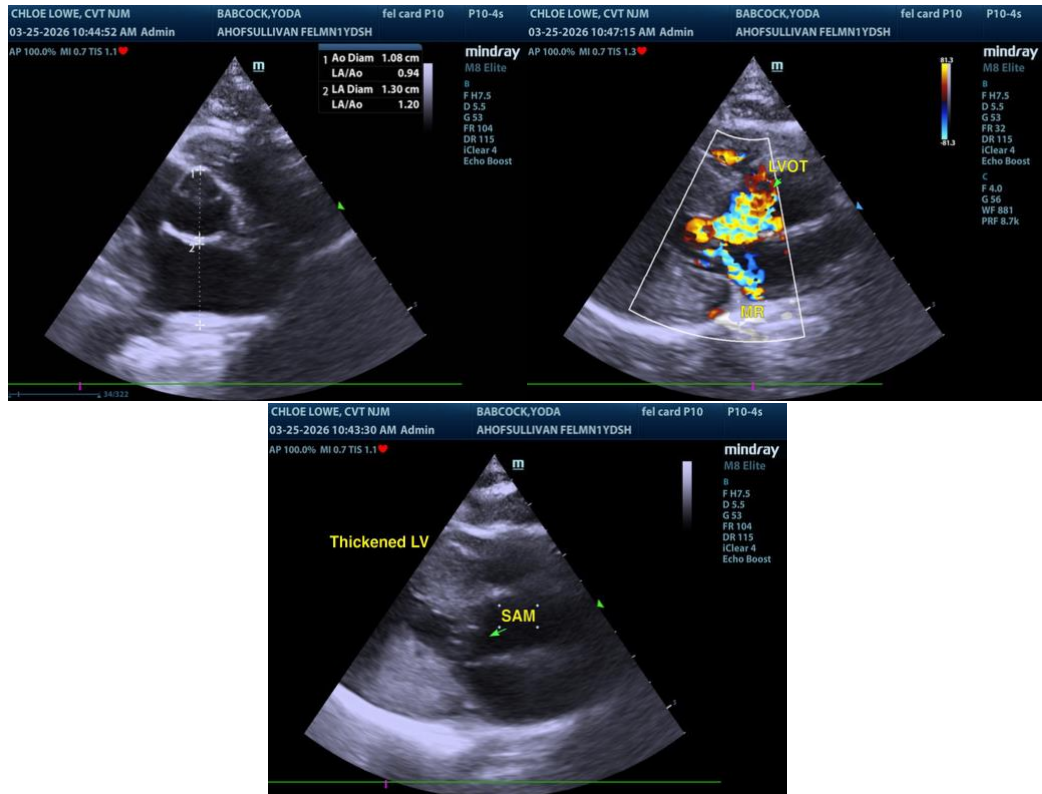
Neutered Male

AGE

1 Year 7 Months

WEIGHT

10.84 pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Animal Hospital of Sullivan County

REFERRING VET

Dr. Bodolosky

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)

INVOICE

14604

DATE

03/25/26

info@SonoPath.com