



**PATIENT**

Trouble Cepeda

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11Y

**WEIGHT**

12.4lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Magnolia VP

**REFERRING VET**

Dr. Goldstein

**INVOICE**

74029

**DATE**

3-3-26

**PRESENTING CLINICAL SIGNS**

- BCS 6/9
- grade 2-3/6 left systolic heart murmur
- Pre-anesthetic dental
- received Gabapentin , no other current meds.
- elevated ProBNP

Abnormal PE/Chem/CBC/UA Results: ProBNP-386; T4 normal, all other bw normal

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LWVd (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	0.53	1.45	0.58	42	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	1.3	1.2	1.3		2.5	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							

**Cardiac Presentation**

The left ventricular wall is mildly 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. Indistinct yet subjectively systolic anterior motion (SAM) of the mitral valve with mild elevated LVOT velocity on color flow. Dynamic LVOT profile. There is mild 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. No evidence of arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**

- Hypertrophic obstructive cardiomyopathy.
- Normal LA.
- Mild eccentric MR.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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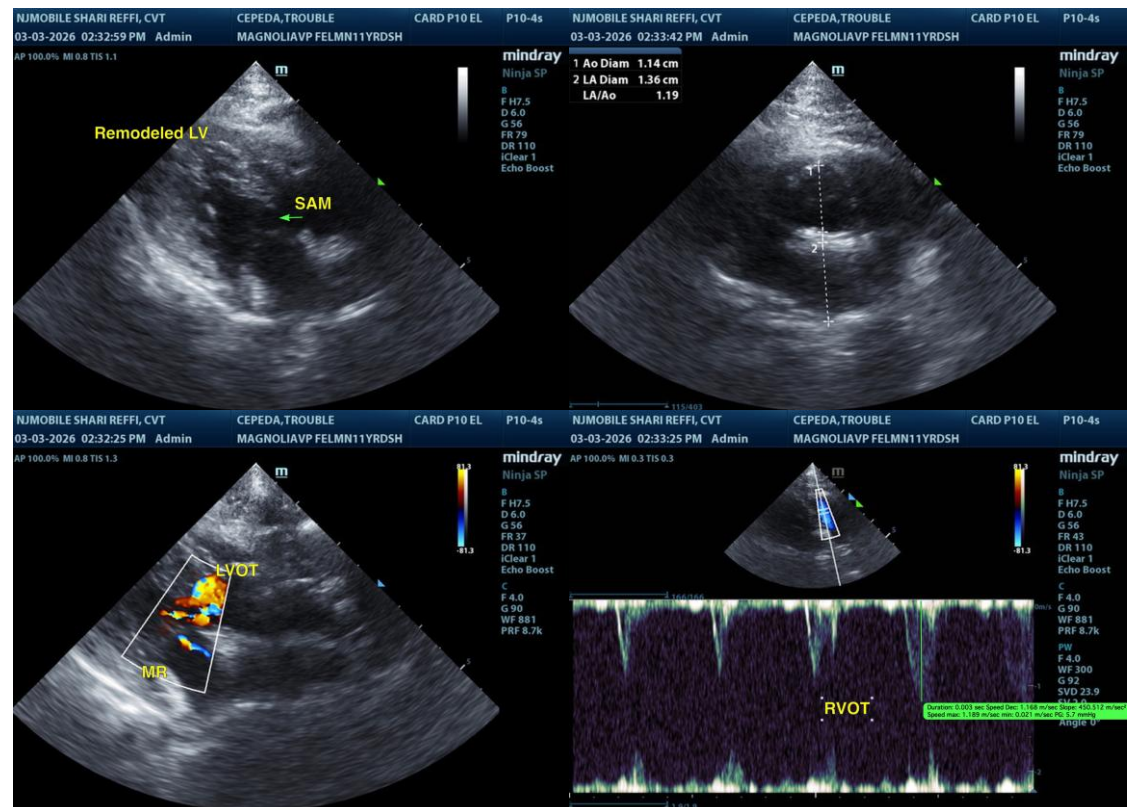
Dr. Goldstein

The cause of the murmur is most consistent with dynamic LV outflow obstruction secondary to SAM and concurrent mild eccentric MR.

The lack of LA enlargement indicates the current and future risk of complication, i.e., CHF or thrombotic event is low. No overt indication for medical therapy at this stage. Serial sonographic monitoring indicated for further assessment and prognosis. Recheck echo recommended in 6 months or sooner if clinical signs arise. Current cardiac anesthetic risk considered mild.

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.

Monitoring of T4 level and systemic BP to rule out potential complicating factors is recommended.



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.

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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)