

PATIENT

Calzone Pietrewicz

SPECIES

Feline

PRESENTING CLINICAL SIGNS

- recheck HCM- 1 year follow up
- Grade IV/VI HM
- otherwise normal
- atenolol 6.25mg- 1 tab BID
- Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DLH

SEX

MN

AGE

4yr

WEIGHT

13.3lb

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	13.3lb	NM	0.56	1.5	0.6	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	--	1.0	1.7		--	1.6	NM

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

Chloe Lowe, CVT

HOSPITAL NAME

Animal Mansion VeterinaryHospital

REFERRING VET

Dr. Bertoldo

INVOICE 24354

DATE

03/30/2026

Cardiac Presentation

The left ventricular wall is mildly hypertrophied with regions of mild myocardial 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. There is mild to intermittent systolic anterior motion (SAM) of the mitral valve present. 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.

ULTRASONOGRAPHIC FINDINGS

Primary

- Persistent compensated HCM/HOCM with mild mitral valve insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall stable cardiac presentation compared to the previous study without overt progression. The continued lack of LA enlargement indicates that the current and future risk of complication remains low. Continued current medical protocol with clinical monitoring is recommended. Recheck



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echo is suggested in 6-12 months, sooner if clinically indicated. Monitoring of systemic BP suggested to rule out potential complicating factor.

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Anesthetic risk 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.

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AGE

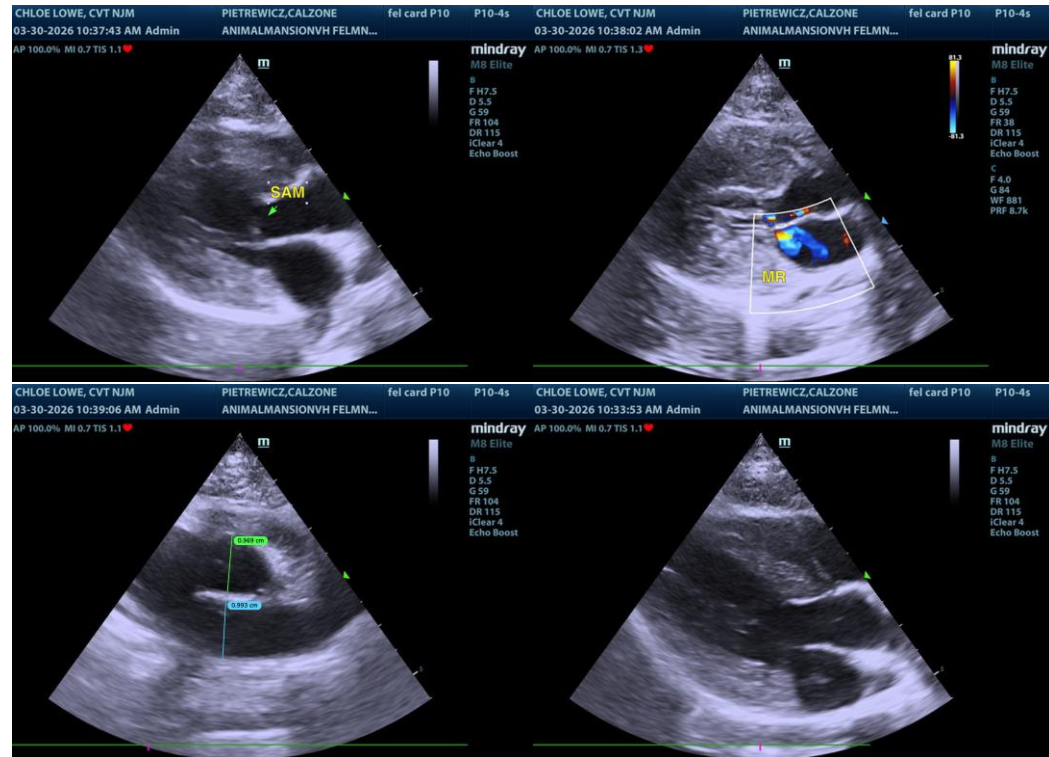
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Chloe Lowe, CVT

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.

HOSPITAL NAME

Animal Mansion
VeterinaryHospital

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.

REFERRING VET

Dr. Bertoldo

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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