

PATIENT

Leo DeCristofaro

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7Y, 4M

WEIGHT

11.52lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Heart and Paw Lake
 Hopatcong

REFERRING VET

Dr. Marmolejo

INVOICE

74415

DATE

3-31-26

PRESENTING CLINICAL SIGNS

- acute onset of labored breathing with abdominal effort
- new heart murmur
- 3 view radiographs performed and mild diffuse bronchial pattern. Concern for feline asthma.
- pro BNP WNL
- gabapentin and clindamycin

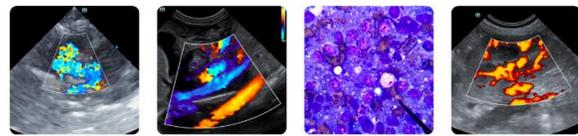
Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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		197	0.39	1.34	0.38	48	83
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	1.3		1.2	1.0	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 echocardiogram in this patient demonstrated normal **left atrial** size and dimension based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No evidence of MR on Doppler. The **left ventricle** presented overall normal thicknesses with primarily linear contour and was not dilated nor restricted. Basilar IVS hypertrophy was present measuring approximately 0.72 cm. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated mild dynamic outflow pattern secondary to IVS hypertrophy with normal measured LVOT velocity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.



PATIENT

Leo DeCristofaro

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7Y, 4M

WEIGHT

11.52lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Heart and Paw Lake
 Hopatcong

REFERRING VET

Dr. Marmolejo

INVOICE

74415

DATE

3-31-26

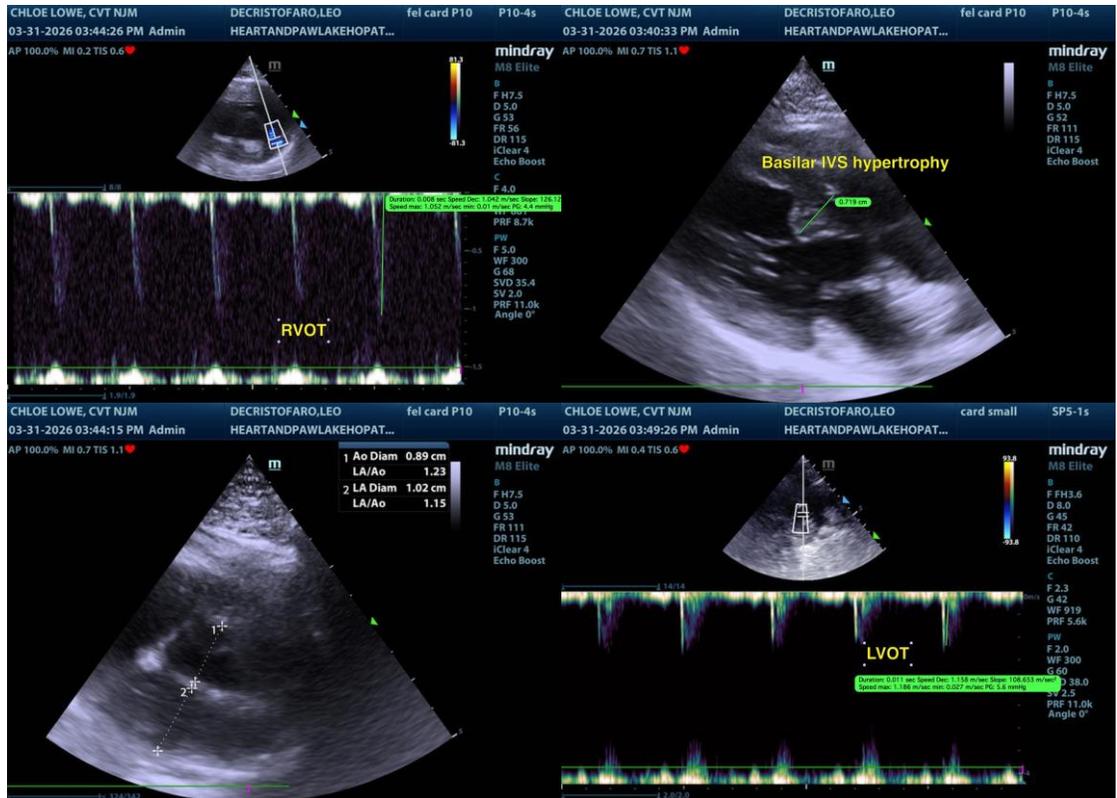
ULTRASONOGRAPHIC FINDINGS

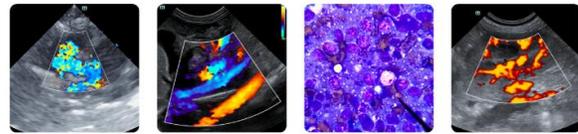
- Overall normal cardiac structure/function with mild basilar IVS hypertrophy.
- Normal LVOT velocity with mild dynamic LV outflow pattern secondary to basilar IVS hypertrophy – consistent with flow murmur.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of left or right heart chamber enlargement, LV systolic dysfunction, or clinical pulmonary hypertension as an obvious cardiac contributing factor to the patient's respiratory issues. The cause of the murmur is most consistent with dynamic LV outflow pattern and mild fixed LVOT obstruction secondary to basilar IVS hypertrophy. No indication for cardiac medications.

Correlation with thoracic radiographs with concurrent respiratory support +/- empirical therapy for feline asthma if suspected is recommended. Conservative monitoring of the murmur going forward. Advise to recheck echo suggested in 6-12 months, sooner if clinically indicated. No anesthetic contraindications.





PATIENT

Leo DeCristofaro

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7Y, 4M

WEIGHT

11.52lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Heart and Paw Lake
Hopatcong

REFERRING VET

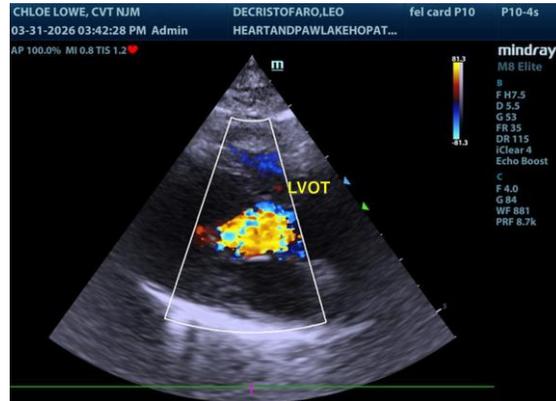
Dr. Marmolejo

INVOICE

74415

DATE

3-31-26



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