



PATIENT

George Colli

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7

WEIGHT

12.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr.Sharkaway

HOSPITAL NAME

Kew Gardens
Animal Hospital

REFERRING VET

Dr. Nader

INVOICE

74054

DATE

3-4-26

PRESENTING CLINICAL SIGNS

- Tachypnea
- CHF

Abnormal PE/Chem/CBC/UA Results: The pet on clopidogrel and furosemide Heart murmur grade 3/6 pleural effusion

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		NM	0.61	1.2	0.66	45	77
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	--	2.2	1.8		--	1.5	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 increased **left atrial** size with mild bulbous appearance with no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some indistinct eccentric insufficiency noted on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses. The **myocardium** presented mild hyperechoic remodeling and potential fibrosis. **Contractility** of the ventricular walls was considered normal for this patient evidenced by the fractional shortening measurement. The **left ventricular outflow** tract demonstrated mild turbulent laminar flow. Indistinct SAM not excluded. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. Minor volume pericardial effusion and mild free pleural fluid were noted. No evidence of cardiac tumors or mediastinal pathology in the visible window. Transdiaphragmatic comet tail artifact without evidence of hepatic congestion.

ULTRASONOGRAPHIC FINDINGS

- HCM phenotype with LV myocardial remodeling/fibrosis.
- LA enlargement without current spontaneous contrast or thrombus.



PATIENT

- Minor volume pericardial and mild volume pleural effusion.

George Colli

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

HCM is a rule out diagnosis once the patient is deemed euthyroid and normotensive. A contributing factor to the murmur aside from indistinct MR may include mild dynamic LV outflow obstruction secondary to nonobvious SAM. Regardless of cardiac classification, the degree of LA enlargement is consistent with CHF criteria. Long-term prognosis is very guarded.

Feline

BREED

If respiratory signs are present in this patient, hospitalization with injectable Lasix until patient is stabilized is recommended. Current continued furosemide and Plavix are recommended. Pimobendan 1.25mg PO BID is warranted. Monitoring of systemic BP and T4 level to rule out complicating factors in addition to monitoring of renal parameters and ECG is recommended.

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SEX

Sonographic monitoring advised with recheck echo suggested in 4-6 weeks, sooner if progressive evidence of CHF. Elective anesthesia is not advised.

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AGE

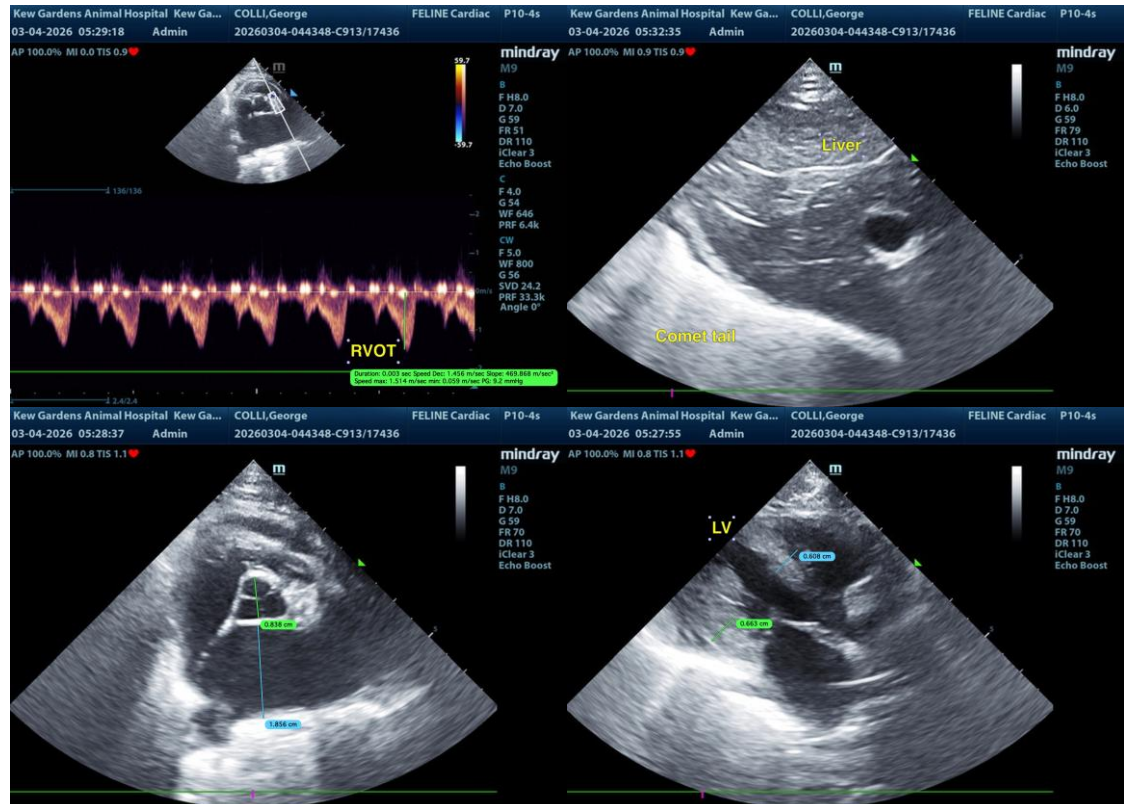
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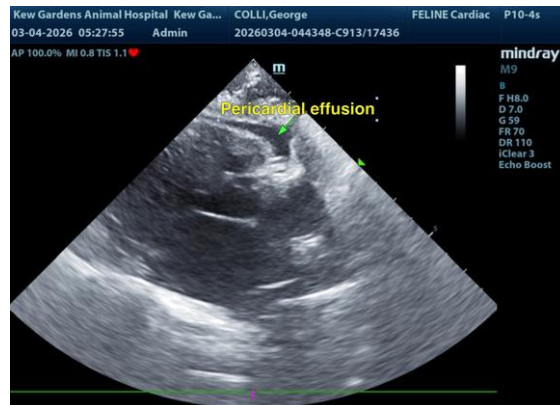
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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