

## PATIENT

Harper Blader

## SPECIES

Feline

## BREED

American Shorthair

## SEX

SF

## AGE

15 years

## WEIGHT

7.01 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meaghan  
Godwin

## HOSPITAL NAME

Wellesley AH

## REFERRING VET

Dr. Meaghan  
Godwin

## INVOICE

10752

## DATE

4/1/26

## PRESENTING CLINICAL SIGNS

History:

- Currently stable on 1 mg of budesonide daily and cobalequin supplementation for suspected IBD. Has gained 2 lbs since 12/2024.
- Recheck scan

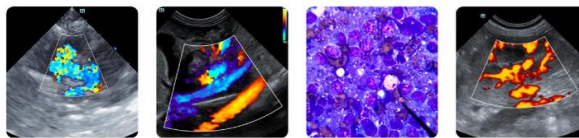
Abnormal PE/Chem/CBC/UA Results: 2/12/2026 CBC/chem 17/T4/proBNP CBC: Mild non regenerative anemia. HCT 26.6% RBCs 6.09 Chem: Mild hypokalemia 3.3 mmol/L Mildly elevated proBNP 102- echocardiogram also submitted

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	7.01 lbs.	NM	0.4	1.3	0.43	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	1.1		1.0	1.5	-
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 structure. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No evidence of overt MR on Doppler. The **left ventricle** presented overall normal free wall and septal thicknesses with primarily linear contour. Mild basilar IVS hypertrophy was present, measuring ~0.58 cm. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity



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and thickness. Normal measured RVOT velocity was noted. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window. No evidence of arrhythmia was noted.

### ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure / function with mild LV myocardial remodeling and mild basilar IVS hypertrophy

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, HCM criteria, or other structural cardiomyopathy. The mild basilar IVS hypertrophy appears incidental, given subjective laminar LV outflow pattern on Doppler. If a nonreported murmur is present, a flow murmur potentially associated with the IVS hypertrophy would be suspected. Regardless of classification, the lack of left or right heart chamber enlargement indicates that the current and future risk of complications is low. There is no indication for cardiac medications. There are no overt contraindications to anesthesia or steroid use. Recheck echocardiogram is recommended in 6-12 months, sooner if clinically indicated.

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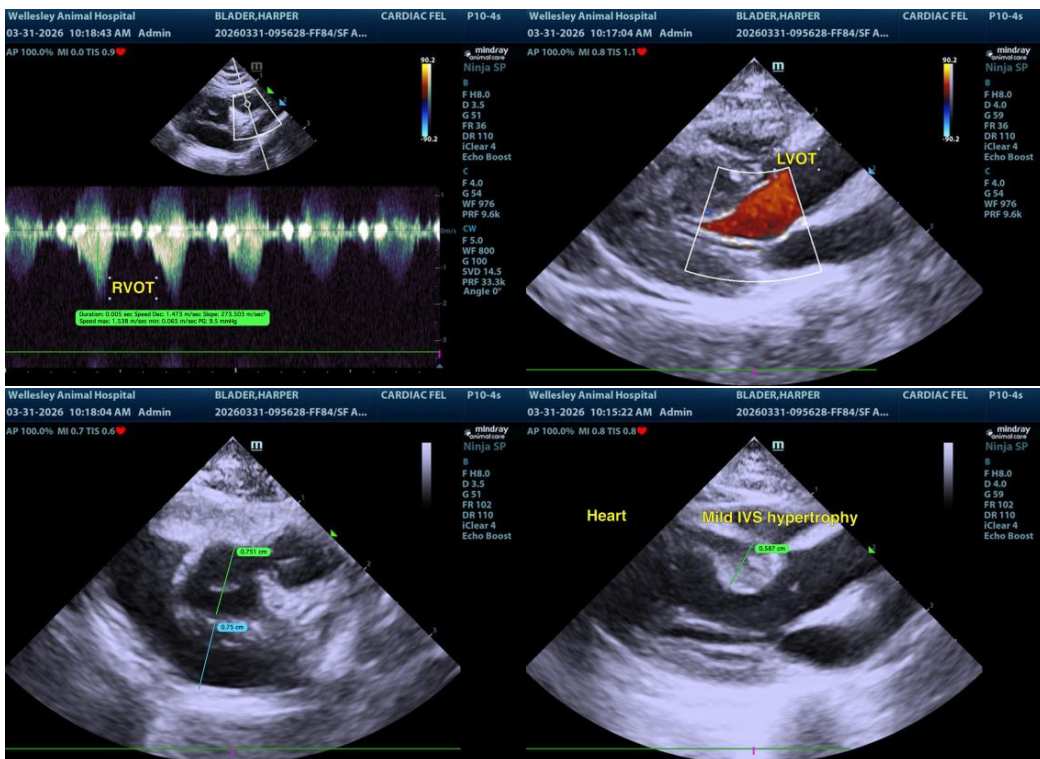
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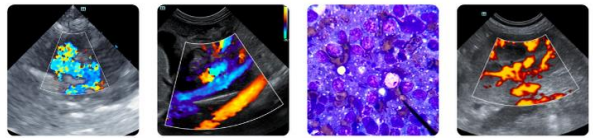
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
[info@sonopath.com](mailto:info@sonopath.com)