



PATIENT

Nubbins Ross

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Warran Animal
Hospital

REFERRING VET

Dr. Duffy

INVOICE

16582

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Grade IV/VI heart murmur. No current meds.
Abnormal PE/Chem/CBC/UA Results: n/a

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		208	0.62	1.5	0.58	48	82
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	1.3	1.3	1.3	1.8	0.8	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 exhibits borderline to mild hypertrophy with mild regions of asymmetrical myocardium. Diffuse mild hyperechoic endocardium consistent with fibrosis and minor ventricular remodeling is present. Subtly prominent papillary muscles are present. Normal right ventricular volume is noted. Normal LA dimension is present without evidence of spontaneous contrast. Normal RA dimension is present without evidence of spontaneous contrast. Normal measured RVOT velocity is present. There is systolic anterior motion (SAM) of the mitral valve present with mild increased yet normal measured LVOT velocity. Mild to moderate eccentric MR is present secondary to SAM. MR measures 4.0 m/s. No overt TR is noted. No evidence of pericardial or pleural effusion is noted. No cardiac tumors are present.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic obstructive cardiomyopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the heart appears to be stable without evidence of left atrium enlargement or increased left ventricle volume. No overt indication for cardiac medications at this stage without evidence of left or right heart chamber enlargement or without evidence of significant dynamic LVOT obstruction as indicated by the measured LVOT velocity. Progression rate may be highly variable with subclinical cardiomyopathy and serial sonographic monitoring going forward is recommended. Assessment of T4



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levels and systemic BP is suggested to rule out potential complicating factors. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise.

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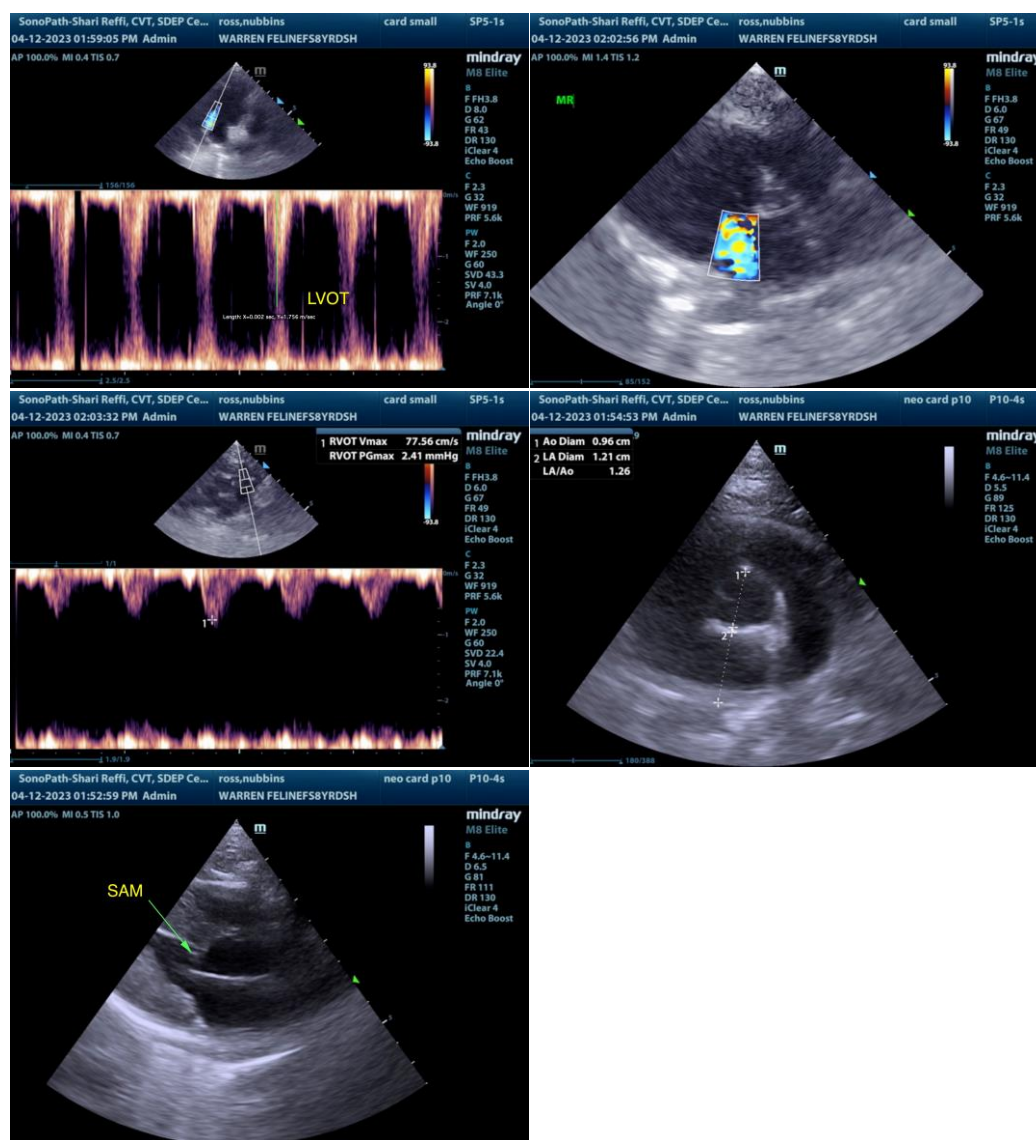
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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