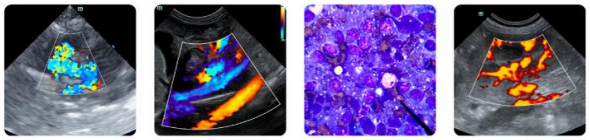

PATIENT

Catticus Smylie

SPECIES

Feline

BREED

Siamese

SEX

M/N

AGE

16

WEIGHT

12.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

10815

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Enteric small cell lymphoma, DM, Under Chemotherapy treatment
Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 2/6

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	12.9	NM	0.6	1.6	0.58	50	82
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	-	1.1	1.2		-	0.8	-

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 based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented mild age-related changes with normal coaptation in systole and union in diastole. No evidence of obvious significant MR on Doppler. The **left ventricular** septum and free wall revealed adequate contractility and normal left ventricular volume, and borderline increased septal and free wall dimension with some echogenic remodeling in the septum and free wall. This does not appear to be a functional issue at this point. This is most consistent with **myocardial fibrosis** or age-related changes. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. 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). Normal measured RVOT velocity was noted. 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. No evidence of arrhythmia was noted.

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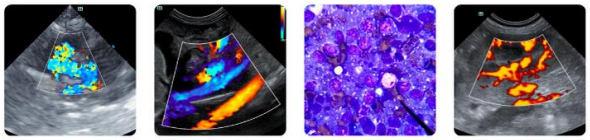

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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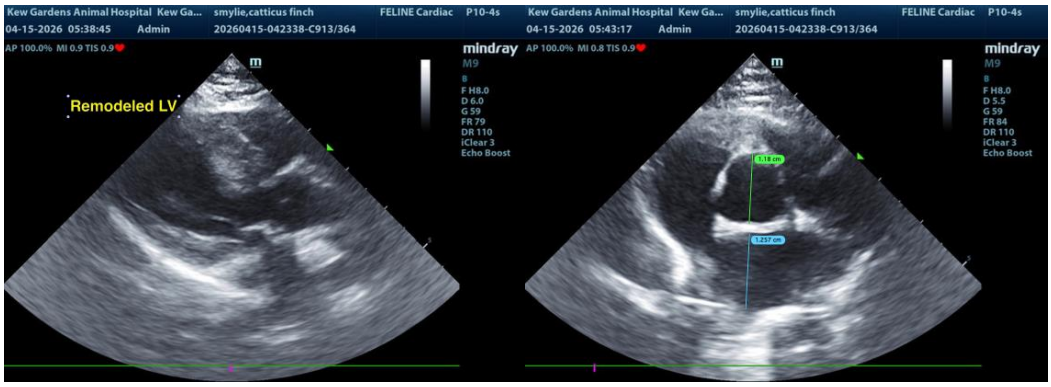
ULTRASONOGRAPHIC FINDINGS

- LV myocardial remodeling with borderline increased septal and free wall dimension
- Normal LA
- Normal RA / RV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt or definitive HCM criteria were not met, yet sonographic monitoring for evidence of progressive septal or free wall thickening is indicated. There is no evidence of cardiac neoplastic criteria. A definitive cause of the murmur was not identified. Assuming no volume changes such as dehydration or anemia, a benign flow murmur is probable. A small, non-visualized flow abnormality is not excluded. Regardless of classification, the hemodynamic effects of the murmur are low. Monitoring of the heart murmur is recommended without indication for cardiac medications. Recheck echocardiogram is recommended in 6-12 months, sooner if murmur intensity increases or clinical signs arise.

Potential cardiac risk with anesthesia or steroid use is considered mild. If required, the following anesthetic 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.



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.

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info@sonopath.com