

**PATIENT**

Zazu De Jesus

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16

**WEIGHT**

9.1

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens Animal  
Hospital

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

15365

**DATE**

04/22/26

**PRESENTING CLINICAL SIGNS**

Weight loss. Constipation

Abnormal PE/Chem/CBC/UA Results: Recent Bw-Moderate Azotemia BP- WNL Heart murmur Grade 3-4/6

**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	9.1	NM	0.66	1.36	0.68	40	74
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	1.4		NM	2.1	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**

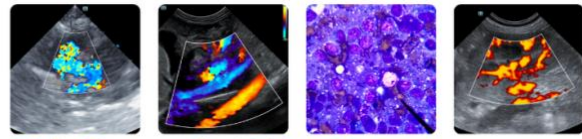
The left ventricular wall is moderate / significant hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. There is systolic anterior motion (SAM) of the mitral valve present, with dynamic LVOT profile. There is mild to moderate eccentric mitral regurgitation present secondary to SAM. Normal right atrial size. Normal right ventricle size. Concurrent mild elevated measured RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**ULTRASONOGRAPHIC FINDINGS**

- Hypertrophic obstructive cardiomyopathy.
- Mild increased measured RV outflow velocity.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is LV hypertrophy with dynamic LV outflow obstruction (SAM). The lack of LA enlargement indicates the current and future risk of complication, i.e., congestive heart failure or thrombotic event, is low. A contributing factor to the murmur may include mild increased measured RVOT velocity, which may suggest concurrent dynamic right ventricle outflow obstruction, which is



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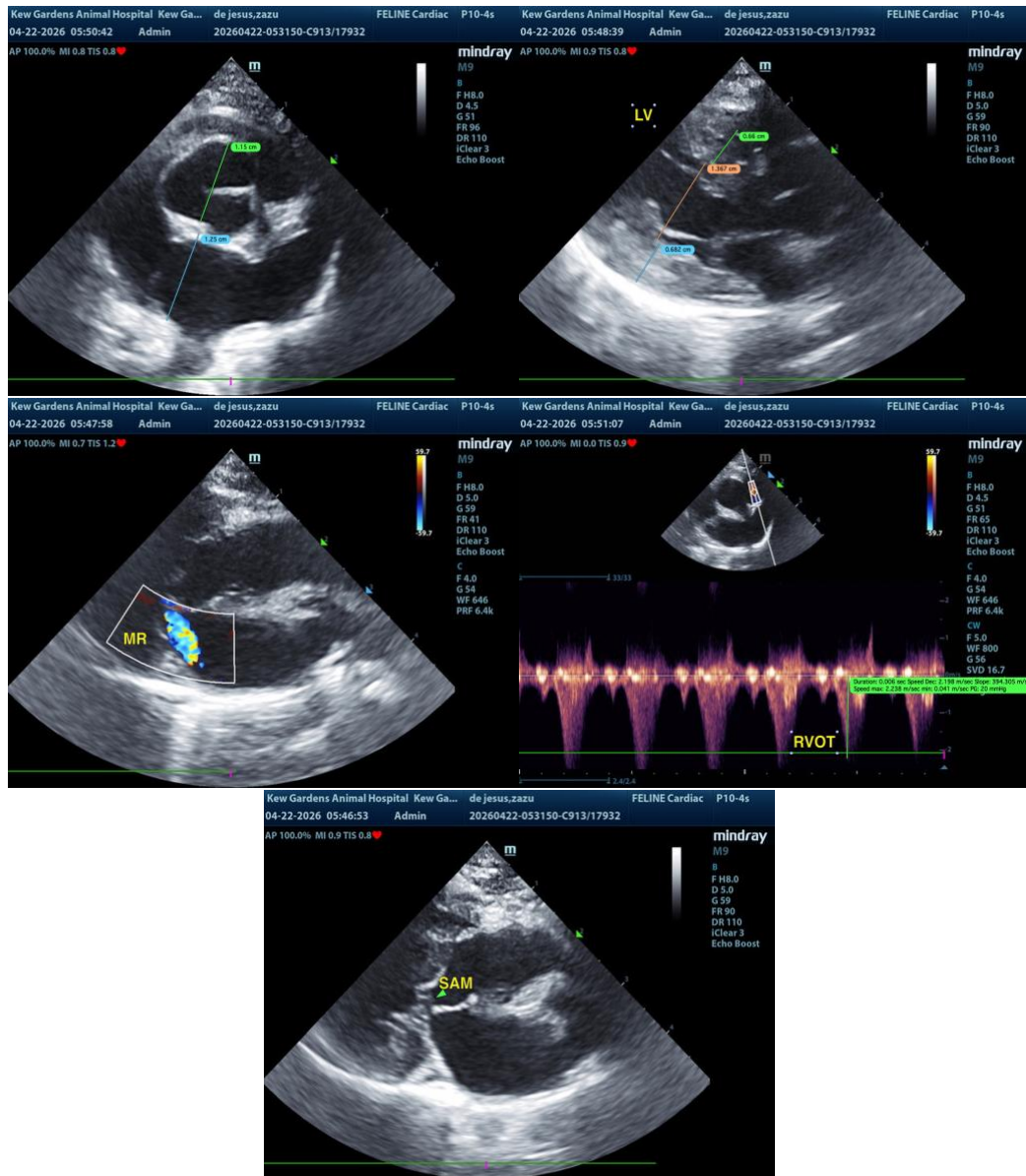
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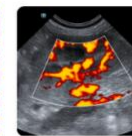
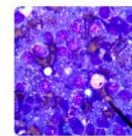
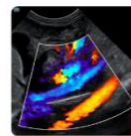
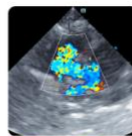
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classified as a flow murmur.

Given normal left atrial dimension, no overt indication for cardiac medication at this stage without overt evidence of long-term benefit. Echocardiographic monitoring is required for further prognosis. Monitoring of systemic BP and T4 level to rule out complicating factors is recommended. Recheck echo suggested in six months, sooner if clinical signs arise. Cardiac anesthetic risk is considered mild to possible moderate. If required, the following protocol is suggested with judicious IV fluid. 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



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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)