



PATIENT PRESENTING CLINICAL SIGNS

Tails Shum 1 year echo recheck
Cardiac murmur, cardio hypertrophic

SPECIES
Current meds: Atenolol 25mg 1/4tab SID

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
DSH								
SEX	NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
MN	PATIENT	NA	NM	0.57	1.55	0.66	45	80
AGE	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/)
12yr								
WEIGHT	NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
NA	PATIENT	--	1.6	1.9		1.0	1.0	NM
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705								

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT CVT

HOSPITAL NAME

East Fishkill Animal Hospital

REFERRING VET

Dr Baffi

INVOICE
24399

DATE
04/06/2026

Cardiac Presentation

The left ventricular wall exhibited borderline IVS and mild free wall hypertrophy with regions of mild myocardial irregularity. There is a mild hyperechoic endocardium consistent with mild fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Borderline increased left atrial dimension, no spontaneous contrast. The mitral valve was mildly thickened without overt visualized systolic anterior motion (SAM). Normal measured LVOT velocity on color flow with mild dynamic LVOT profile. Mild eccentric mitral regurgitation secondary to mildly thickened mitral valve leaflets, Normal right atrial size. Normal right ventricle size. Normal 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

Primary

- Borderline to mild HCM phenotype
- Borderline increased LA dimension
- Mild eccentric MR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the heart appears to be compensated given borderline to mild increased LA dimension.



PATIENT

Tails Shum

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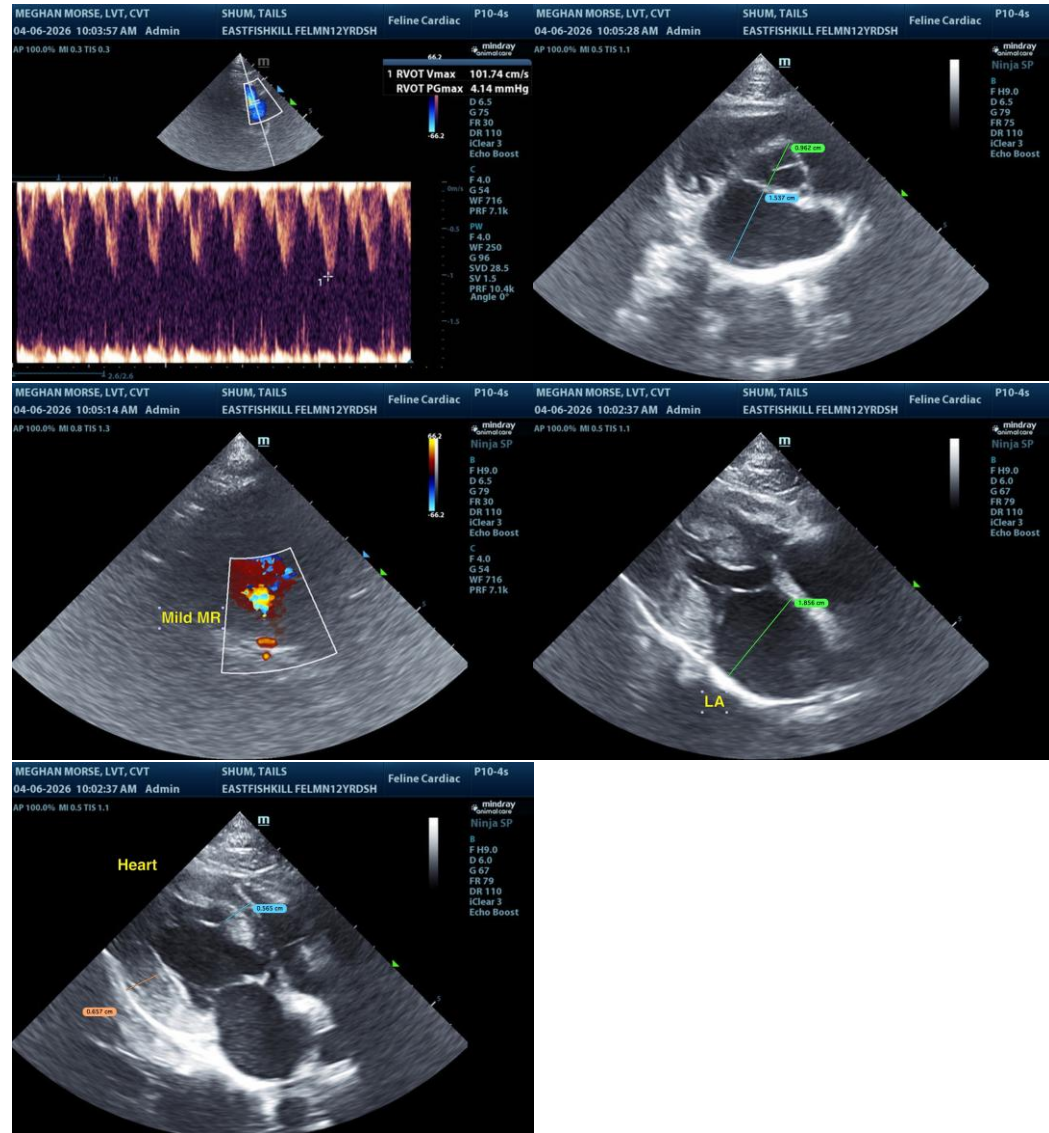
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Monitoring of systemic BP and T4 level to rule out potential complicating factors is recommended. Continued atenolol given borderline mild increased LA dimension would be reasonable. However, it should be noted that there is mild risk to using this medication in a patient with borderline to mild increased LA dimension as its negative inotropic properties can potentially make it easier for a patient to experience decompensation. No indication for additional medication.

Serial sonographic monitoring going forward is advised with recheck echo suggested in 6 months, sooner if clinically indicated. Cardiac anesthetic risk mild to moderate. If required, the following protocol is suggested with judicious IV fluid administration. 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.





PATIENT

Tails Shum

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.

SPECIES

Feline

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.

BREED

DSH

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

SEX

MN

AGE

12yr

WEIGHT

NA

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