



**PATIENT PRESENTING CLINICAL SIGNS**

Yuki Ross 2/5 murmur

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

10.5 pounds

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	10.5	146	0.54	1.68	0.58	53	86
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	1.2	1.2	1.2		1.0	0.76	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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Queensdale Animal Hospital

**REFERRING VET**

Dr. Chaudhary

**INVOICE**

14919

**DATE**

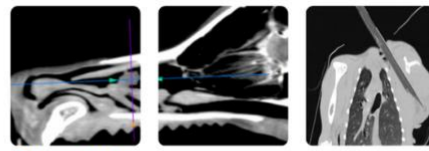
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**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. The cranial and caudal **mitral** valve leaflets presented minor irregular changes with adequate extension in systole and union in diastole. Possible mild systolic anterior motion (SAM) and suspect minor eccentric MR on doppler. The **left ventricle** presented normal free wall and septal thicknesses with mild alinear contour. Mild thickened distal upper IVS. The **myocardium** presented some echogenic remodeling. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated mild dynamic outflow pattern with subjective unremarkable structure. Normal measured LVOT velocity. 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. No overt TR on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Mild LV myocardial remodeling with mild distal upper IVS thickening.
- Suspect indistinct mild systolic anterior motion of the mitral valve and minor eccentric mitral insufficiency.
- Normal LA/LV dimension.
- Normal RA/RV dimension.



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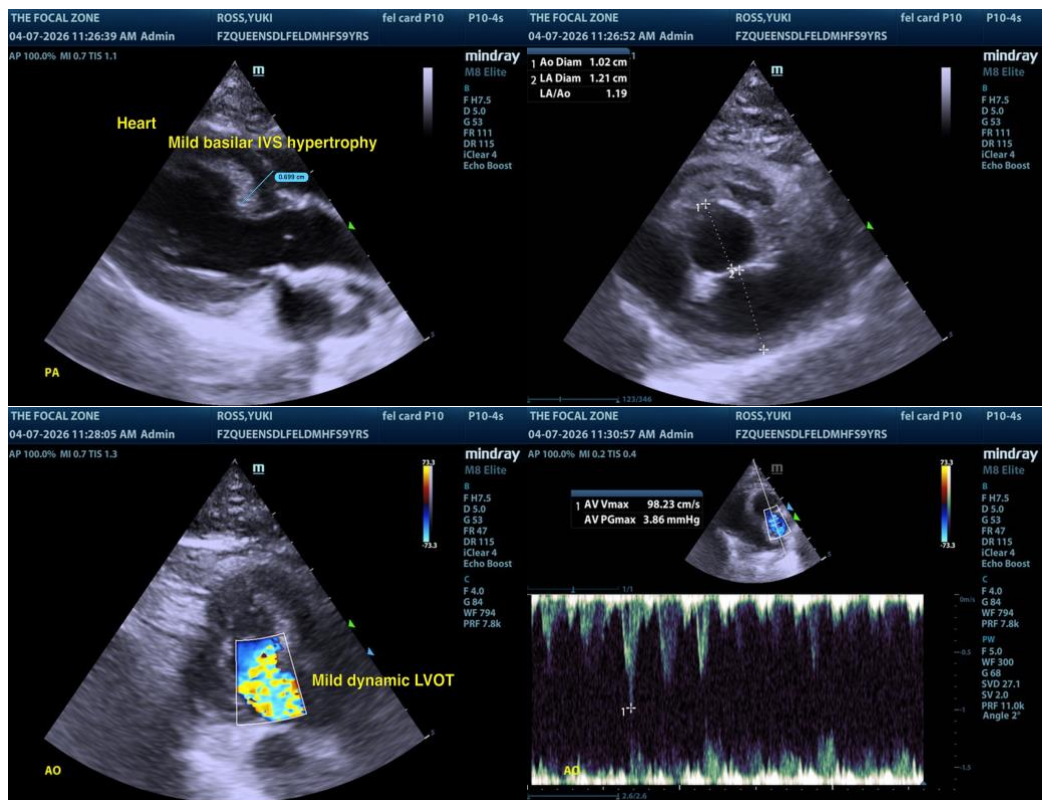
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur may be secondary to mild fixed LVOT obstruction, secondary to mild distal upper septal thickening with a potential contributing factor including mild dynamic LVOT obstruction, secondary to indistinct to mild SAM. Regardless of classification, the hemodynamic effects of the murmur appear low given lack of cardiac chamber enlargement. This essentially classifies as a flow murmur.

No indications for cardiac medications. Conservative monitoring of the murmur going forward is advised. Recheck echo is recommended in six months, sooner if murmur intensity increases or if clinical signs arise. Monitoring of systemic BP and T4 levels are suggested to rule out potential complicating factors. Current anesthetic risk is considered mild. If required, the following protocol is suggested. 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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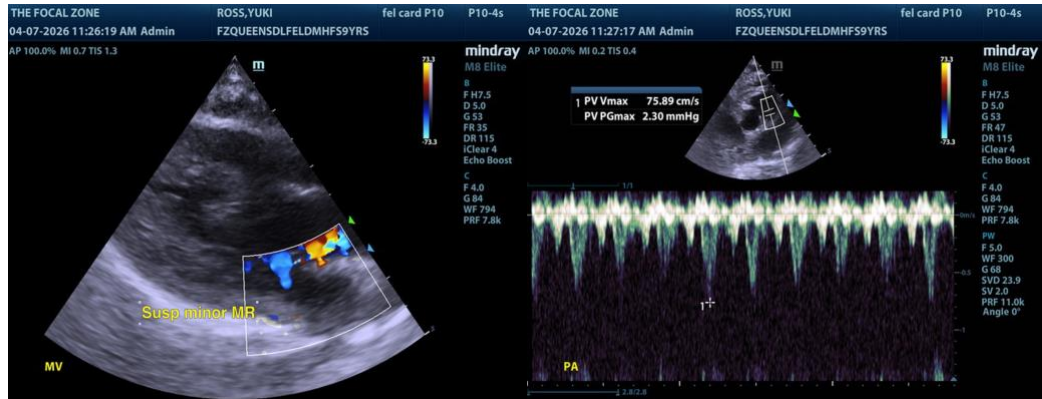
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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