



**PATIENT**

Tux Sanchez

**PRESENTING CLINICAL SIGNS**

Pre-anesthesia screening for dental possible 2/6 HM otherwise great.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

8.7 pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	8.7	NM	0.61	1.4	0.8	35	70
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	--	2.1	2.3		--	1.0	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**

Kerri Becker

**HOSPITAL NAME**

Northvale Vet

**REFERRING VET**

Dr. Simon

**INVOICE**

14952

**DATE**

04/08/26

**Cardiac Presentation**

The left ventricular wall is variable to moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Moderate increased left atrial dimension, no obvious spontaneous contrast. There is indistinct systolic anterior motion (SAM) of the mitral valve present. Dynamic LVOT profile. There is moderate eccentric mitral regurgitation present secondary to SAM. 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. No overt arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**

- Hypertrophic obstructive cardiomyopathy with significant LV remodeling and left atrial enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The degree of LA enlargement indicates the current and future risk of complication, i.e. spontaneous congestive heart failure and/or thrombotic events is at least moderately elevated.

Plavix 75 mg TAB, ¼ TAB SID is recommended. Lowest effective dose Lasix 1 to 2 mg/kg PO BID is recommended if clinical signs which may suggest emerging left-sided congestion i.e. elevated resting respiration rate, exercise intolerance or if radiographic evidence of pulmonary edema. Initiation of Atenolol 25 mg TAB ¼ TAB PO SID given evidence of LA enlargement could be considered. However,



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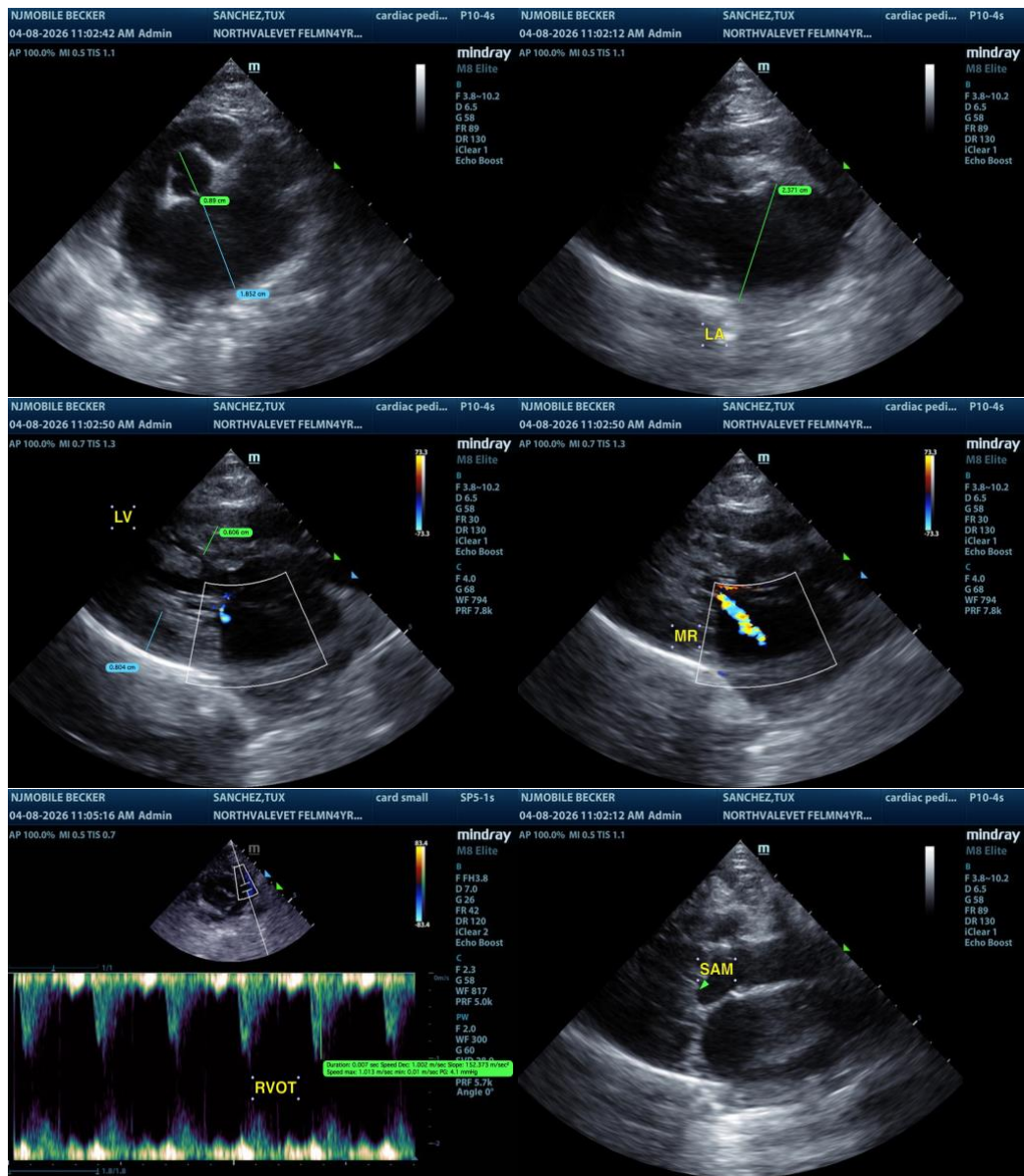
**DATE**

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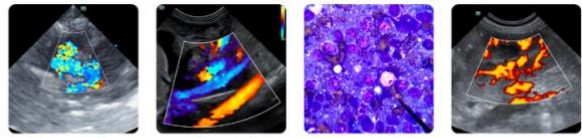
there is potential risk to using this medication in a patient with LA enlargement as its negative inotropic properties can potentially make it easier for a patient to decompensate.

Monitoring of T4 level and systemic BP to rule out complicating factors is recommended. If diuretic therapy is initiated, concurrent monitoring of renal parameters is indicated.

Prognosis is guarded as this patient will remain at increased risk for CHF or thrombotic event. Sonographic monitoring is advised. Recheck echo is recommended in 4-6 months, sooner if clinically indicated. Elective anesthesia is not advised pending further assessment.



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)**

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