



## PATIENT

Lola Hodge

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

11

## WEIGHT

8.3

## PRESENTING CLINICAL SIGNS

Dental disease

Hyperthyroidism

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 2/6 Dental disease Pro BNP- positive  
Hypertensive Bw- mildly elevated ALT

## 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	8.3	NM	0.63	1.52	0.6	45	78
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	--	1.36	1.4		--	1.2	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

Dr Sharkawy

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr Lara

## INVOICE

24430

## DATE

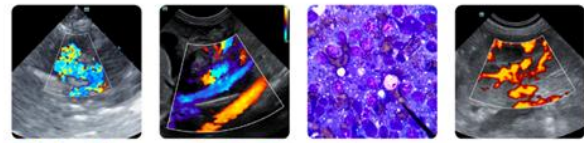
04/09/2026

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure with no evidence of "smoke" or thrombi. The cranial and caudal mitral valve leaflets appeared mildly thickened without overt MR on Doppler. The left ventricle presented borderline mild increased free wall and septal thicknesses compared to normal for this species. The myocardium presented mild increased echogenicity which suggests mild fibrosis and myocardial remodeling. Contractility of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The left ventricular outflow tract demonstrated turbulent laminar flow. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated linear morphology. The right ventricle was of normal size with normal chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The mediastinum was free of masses in the visible window.

## ULTRASONOGRAPHIC FINDINGS

### Primary



**PATIENT**

- Mild HCM phenotype with normal LA dimension

Lola Hodge

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Borderline mild HCM is a rule out diagnosis once the patient is deemed euthyroid and normotensive. The lack of LA enlargement indicates the current and future risk of complication is low. No overt indication for cardiac medications. A benign flow murmur is probable although a small non-visualized flow abnormality is not excluded. Regardless the hemodynamic effects of the mild murmur are low. Conservative monitoring going forward is advised.

Feline

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Recheck echo suggested in 6 months, sooner if clinical signs arise. Anesthetic risk is considered mild given normal LA dimension. If elected 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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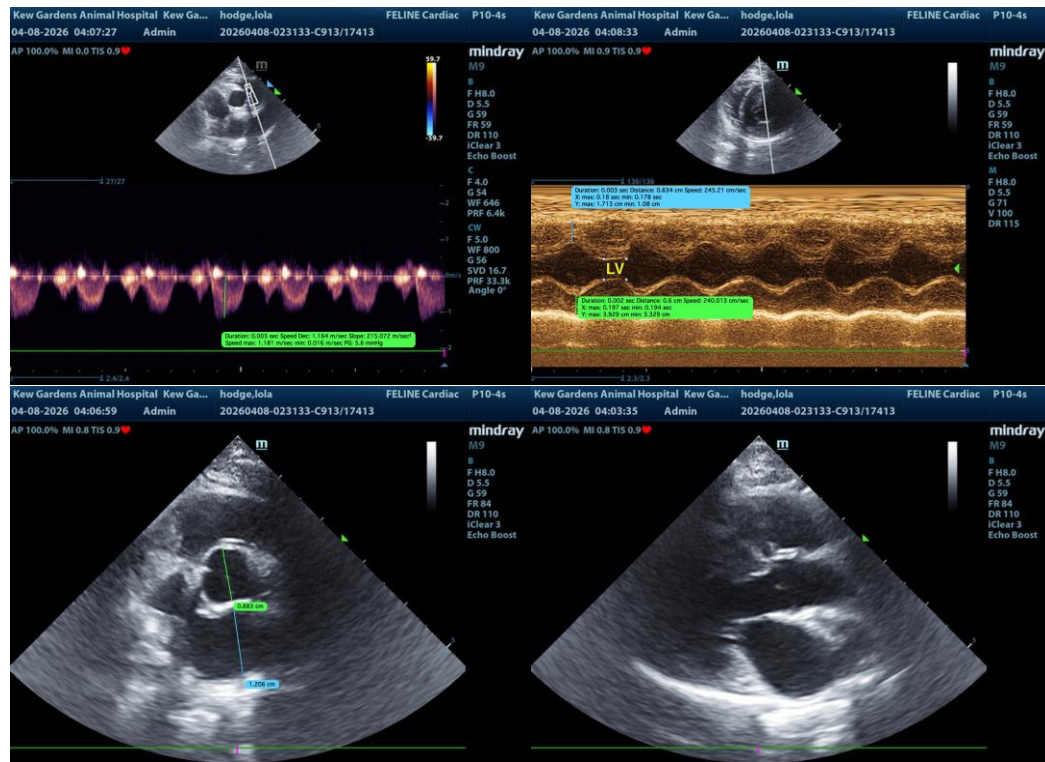
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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