**PATIENT**

Midnight Murphy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

6Y

**WEIGHT**

8.5lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Sova

**INVOICE**

75137

**DATE**

5-26-26

## PRESENTING CLINICAL SIGNS

Recheck HCM mild hypertrophy
Atenolol 6.25mg

## 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 | 8.5 | NM | 0.60 | 1.6 | 0.66 | 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 | -- | 1.7 | 1.7 | | 1.0 | 0.7 | 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 echocardiogram in this patient demonstrated normal to mildly increased **left atrial** dimension. Normal LA dimension on 2 measurement methods. No evidence of LA spontaneous contrast or thrombus. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. No evidence of SAM or mitral valve insufficiency. The **left ventricle** presented normal in dimension with borderline to mild increased septal and free wall dimension. No evidence of restriction. Mildly prominent remodeled papillary muscle. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **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. 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 linear morphology. No TR is present. 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. Normal measured RVOT velocity. 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. No evidence of arrythmia.

## ULTRASONOGRAPHIC FINDINGS

- Overall static borderline to mild LV hypertrophy consistent with HCM phenotype.
- Static normal to borderline enlarged LA dimension.

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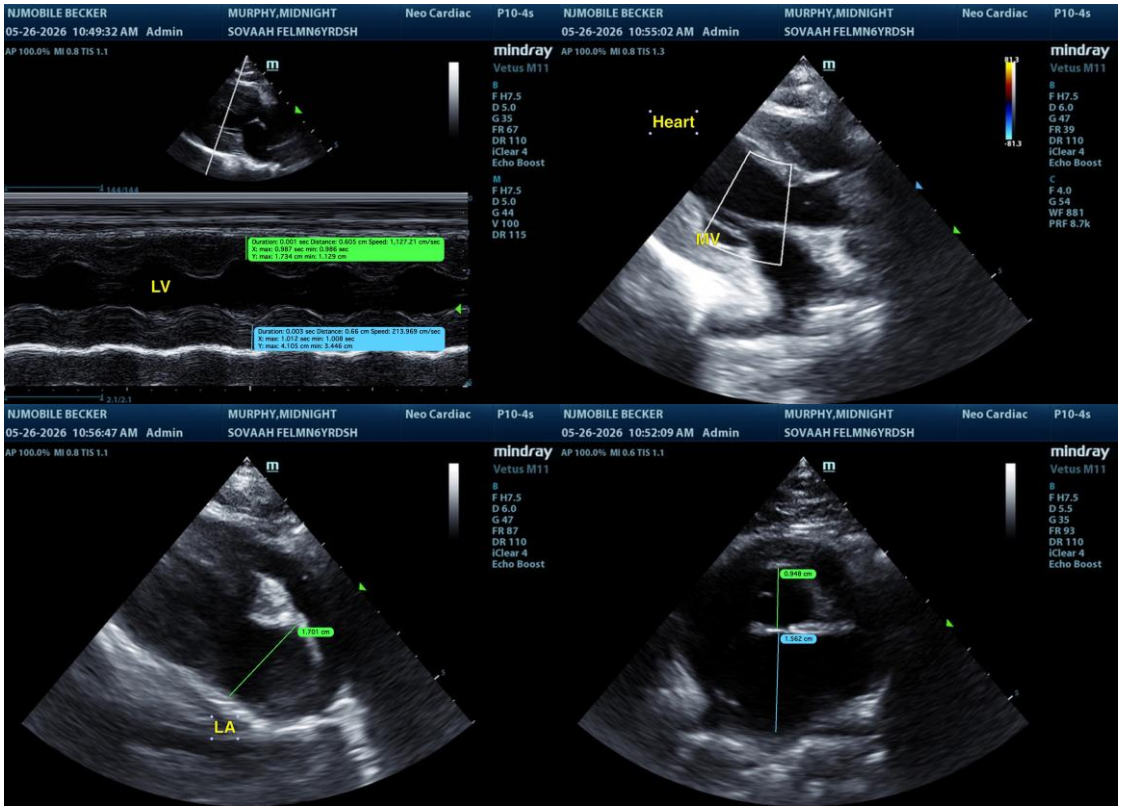
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A similar sonographic cardiac presentation compared to the previous study without evidence of significant or overt progression. Potential for mild measurement variability possible although the heart continues to exhibit compensated presentation. Continued current medical therapy indicated. Monitoring of resting respiration rate going forward advised. Sonographic recheck suggested in 6 months for continued monitoring. Sooner if clinical signs arise. Anesthetic risk is considered mild. If required, the following protocol is recommended:

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.

Monitoring of systemic BP and T4 levels to rule out potential complicating factors is recommended.




**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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