



PATIENT

Vicky Restrepo

SPECIES

Feline

BREED

American Shorthair

SEX

FS

AGE

9 years

WEIGHT

13.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Heart and Paw

REFERRING VET

Dr. Marmolejo

INVOICE

10912

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Recent episode of collapse and weakened movement in the hindlimbs. Grade 1/6 heart murmur. Initial xam- thready hind limb pulses. Ambulatory hindlimb ataxia (RH>LH) painful. ER vet started on Clopidogrel (Plavix) due to ATE vs. Stroke. Meds: Gabapentin, Clopidogrel

Abnormal PE/Chem/CBC/UA Results: proBNP 261 pmol/L (400 pmol/L=normal) K 2.5 (3.6-5.6)mmol/L, Lactic acid 5.89 (0.5-3.2 mmol/L)

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	13.4 lbs.	NM	0.4	1.4	0.41	50	81
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	-	1.3	1.3		1.1	0.9	-

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 **left atrial** size based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No evidence of overt MR on Doppler. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity was noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. No evidence of TR on Doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity was noted. No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. No evidence of arrhythmia was noted. Brief assessment of the distal aorta and iliac trifurcation revealed no evidence of distal aortic thrombus with laminar blood flow.



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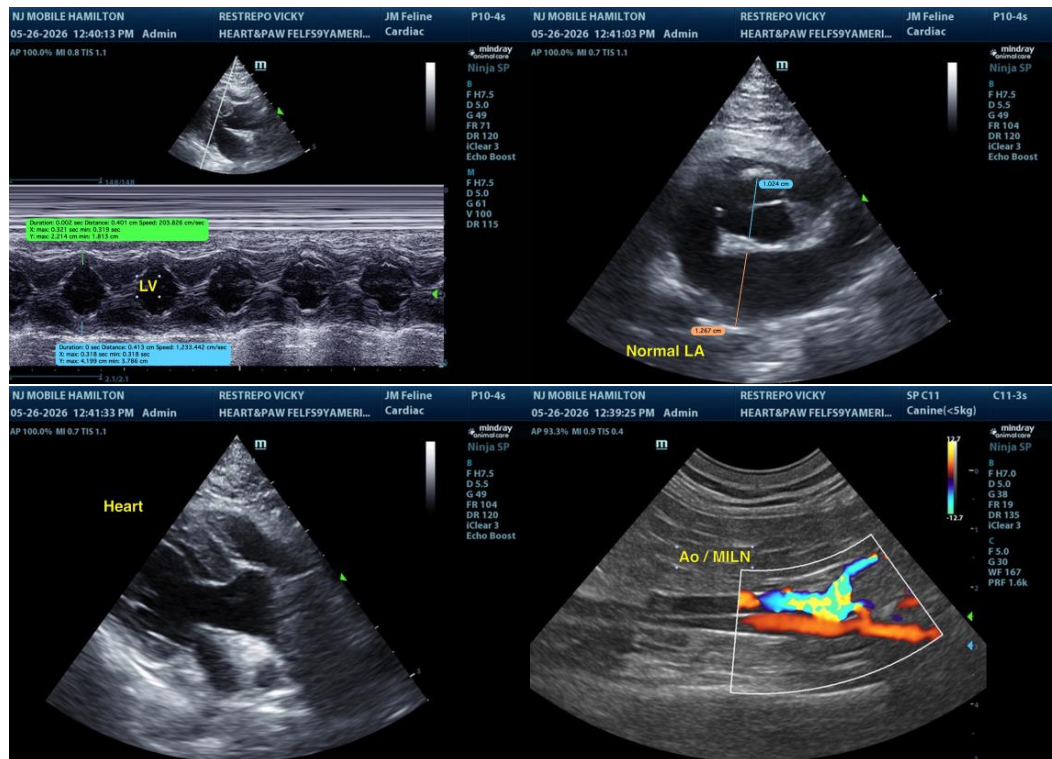
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function

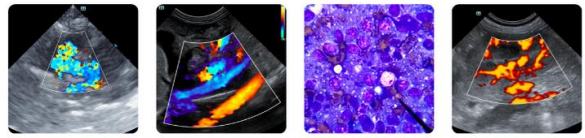
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, HCM criteria or other structural cardiomyopathy or arrhythmia. There is no evidence of LA spontaneous contract or thrombus. A definitive cause of the low-grade murmur was not obvious, indicating likely benign / flow murmur. A non-visualized small flow abnormality cannot be definitively excluded. Regardless, the hemodynamic effects of the murmur and lack of LA enlargement indicate that the current and future risk of complications is low, and although not definitively excluded, indicate that a thrombotic event based on this study is unlikely.

There is no indication for cardiac medications. Correlation with neurological and musculoskeletal exam is recommended. Recheck echocardiogram is suggested in 6- 12 months, sooner if clinically indicated.



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.



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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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