



**PATIENT**

Harry Licis

**SPECIES**

Feline

**BREED**

DMH

**SEX**

NM

**AGE**

5Y

**WEIGHT**

12lbs

**PRESENTING CLINICAL SIGNS**

New finding, grade 5/5 murmur on last exam(5/11/26). Positive ProBNP, no meds @ this time, no bloodwork @ this time.

**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	12	NM	0.8	1.4	0.78	44	75
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	--	1.6	1.7		1.1	0.8	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 and Feline)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

All Animal Veterinary  
Services NY

**REFERRING VET**

Dr. Acworth

**INVOICE**

75173

**DATE**

5-27-26

**Cardiac Presentation**

Borderline to mild increased LA dimension. The left ventricular wall is 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. Borderline increased left atrial dimension, no spontaneous contrast. Suspect indistinct systolic anterior motion (SAM) of the mitral valve present, with normal measured LVOT velocity and mild dynamic LV outflow profile on Doppler. No definitive evidence of mitral regurgitation secondary to suspect 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 evidence of arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**

- Hypertrophic obstructive cardiomyopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primary LV hypertrophy as a rule out diagnosis once the patient is deemed euthyroid and normotensive. Despite the young age of the patient, assessment of T4 level as well as systemic BP recommended. The cause of the murmur is likely secondary to dynamic LV outflow pattern with suspect low grade dynamic obstruction secondary to indistinct SAM. Nonobvious mitral insufficiency as a contributing factor possible. Overall, the heart appears to be compensated with borderline increased LA dimension indicating the risk of spontaneous CHF or thrombotic event at this stage is likely low. Although no medication has been shown to alter long term outcome, and if reasonable to initiate atenolol 25 mg tab/¼ tab SID at this time in light of borderline LA dilation. No indication for additional medication. Prognosis



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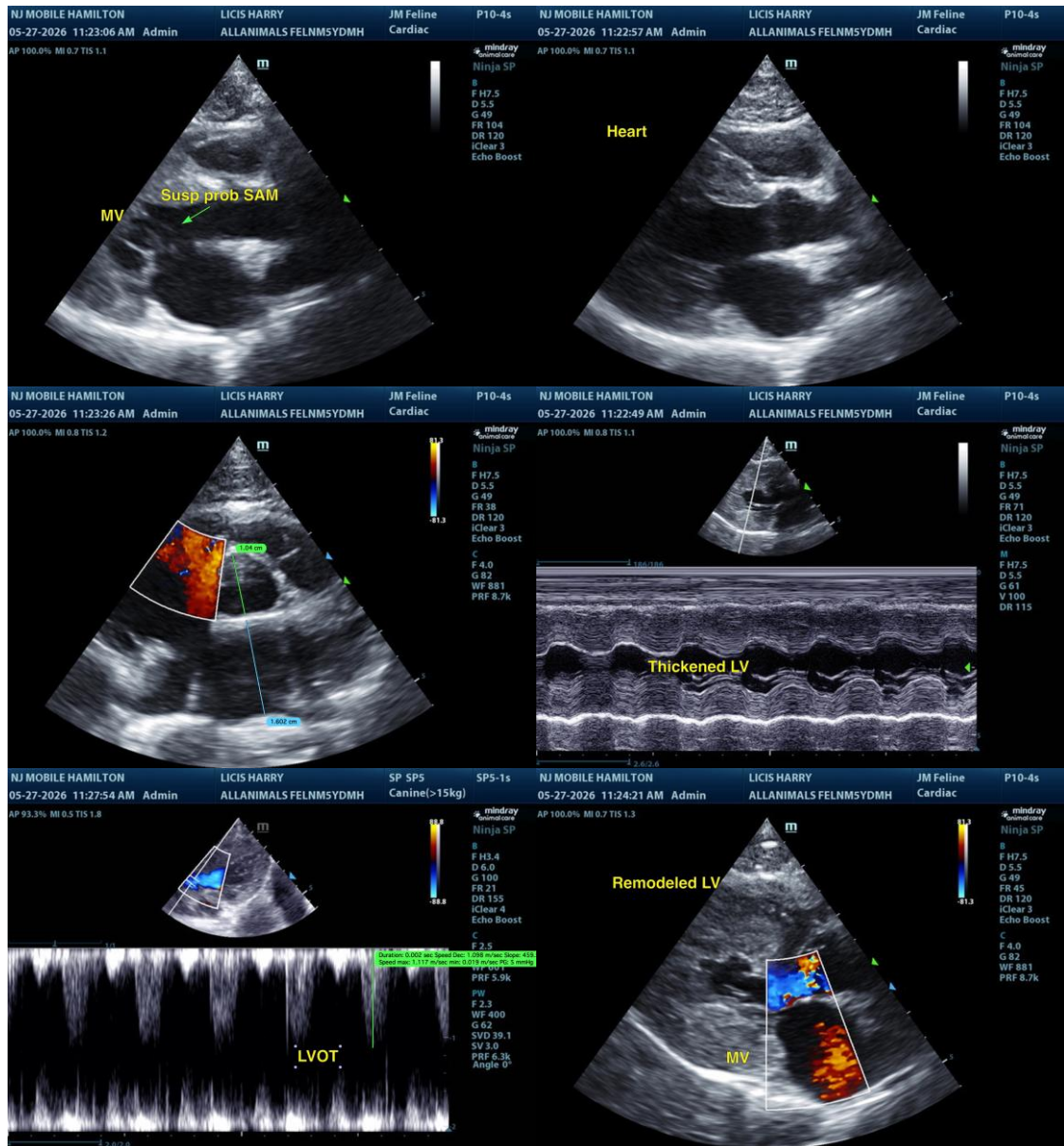
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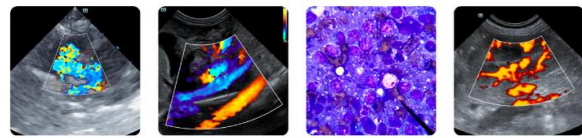
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is guarded with LA dilation. However, significant variability in rates of progression of subclinical cardiomyopathy are possible. Recheck echo suggested in 6 months or sooner if clinically indicated. Monitoring of resting respiration rate at home is recommended. Anesthetic risk considered mild to moderate. If required, the following protocol is suggested with judicious IV fluid administration.

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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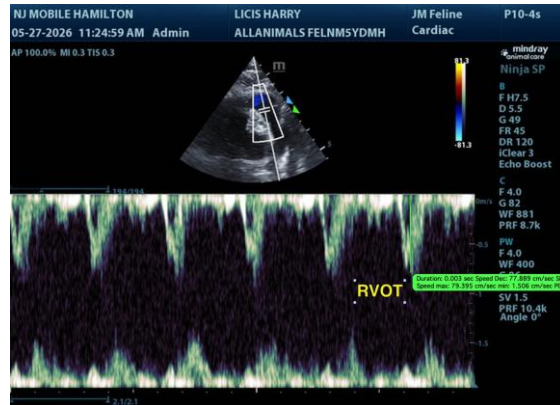
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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