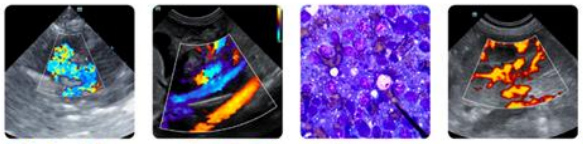

PATIENT

Nami Yeh

SPECIES

Canine

BREED

DSH

SEX

FS

AGE

6

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
25033

DATE
06/08/2026

PRESENTING CLINICAL SIGNS

pre surgical echo no symptoms Grade 1/6 HM

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	15	NM	0.57	1.5	0.55	42	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	--	1.25	1.5		NM	1.0	NM
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 overt SAM or MR present 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. The 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 dynamic outflow pattern. 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 overt TR present 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 present. 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 obvious arrythmia.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal LA / LV
- Normal RA / RV
- Dynamic LV outflow pattern on Doppler

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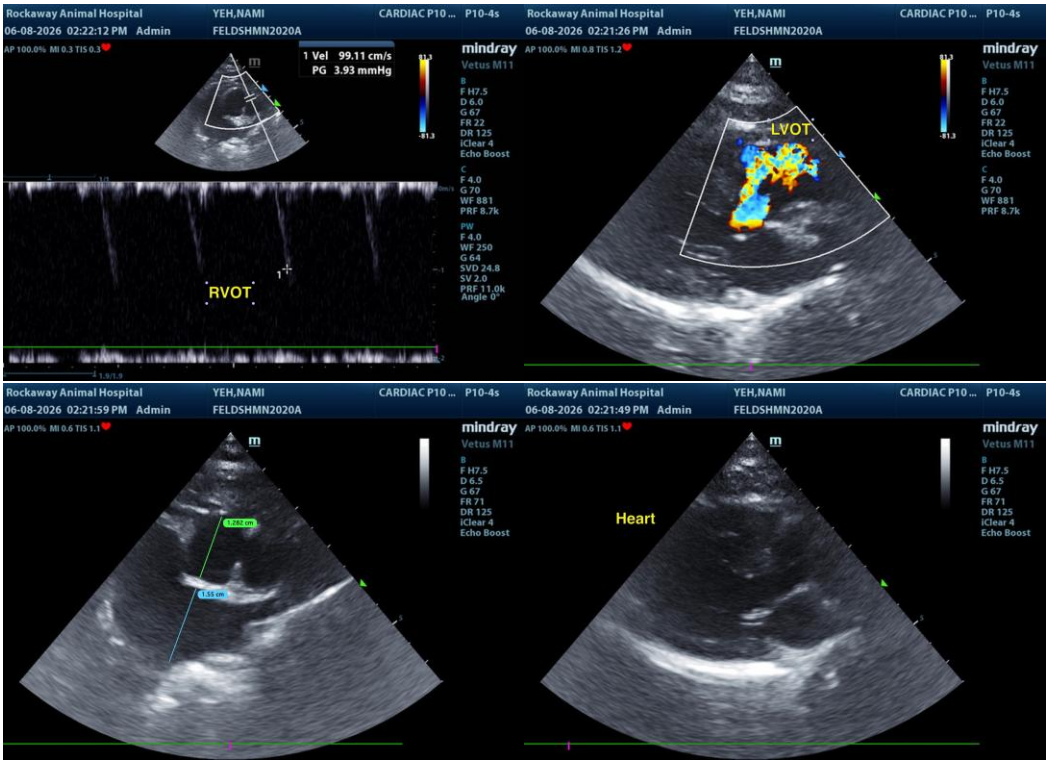
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant structural or functional cardiomyopathy such as left or right heart chamber enlargement, LV systolic dysfunction, hypertrophic criteria or arrhythmia. The only source of the murmur noted on the echo is the dynamic LV outflow pattern, which is non-specific without definitive measurement of LV outflow velocity. This may classify essentially as a flow murmur given reported low grade murmur intensity. No evidence of definitive mitral valve abnormalities, SAM or ventricular septal abnormalities as a contributing factor.

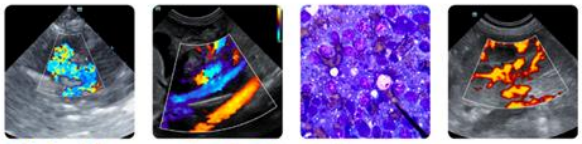
Without evidence of LV hypertrophy or other structural cardiomyopathy, the current hemodynamic effects of the reported low grade murmur appear mild. No obvious indication for cardiac medication. Echocardiographic monitoring required for further assessment and prognosis. Recheck echo suggested in 6 months sooner if increase in murmur intensity or if clinically indicated.

Anesthetic risk at this stage is considered mild. If elected, the following protocol is suggested with clinical monitoring. 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.



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



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can be of any further assistance, please contact me.

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