



PATIENT

Oreo Morales

PRESENTING CLINICAL SIGNS

Dragging hind legs

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Blood work—severely elevated PCV Heart murmur 3 out of 6 VHS -8.93

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

MN

AGE

3yr

WEIGHT

9.9

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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		NM	0.63	1.5	0.62	45	80
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT		1.35	1.3		1.1		

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

Dr.Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr.Sharkaway

INVOICE

14450ag

DATE

07/28/2023

Cardiac Presentation

The left ventricle wall exhibited borderline to mild hypertrophy with regions of mild myocardial irregularity. Subjective mild diffuse hyperechoic endocardium which may suggest mild fibrosis and mild ventricular remodeling was present. Normal right ventricle was present. Normal left atrial dimension was present with anechoic content. No evidence of spontaneous LA contrast or formed thrombus was present. Normal measured RVOT velocity. Subjective systolic anterior motion (SAM) of the mitral valve was present. No overt MR noted on Doppler although suspected. No obvious TR noted. No other obvious valvular insufficiency. No evidence of pericardial or pleural effusion. No cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Subjective borderline/mild compensated hypertrophic obstructive cardiomyopathy.
- Normal left atrium.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram is most consistent with mild compensated hypertrophic obstructive cardiomyopathy. The lack of LA enlargement indicates that the risk of complication secondary to HOCM and potential non-obvious MR is low. The lack of LA enlargement or generalized chamber enlargement is not consistent with the formation of potential aortic thrombus. No overt indication for cardiac medications at this stage.



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The prognosis is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram recommended in 6 months, sooner if clinical signs consistent with cardiac disease arise. Assessment of T4 and systemic BP to rule out potential complicating factors is recommended.

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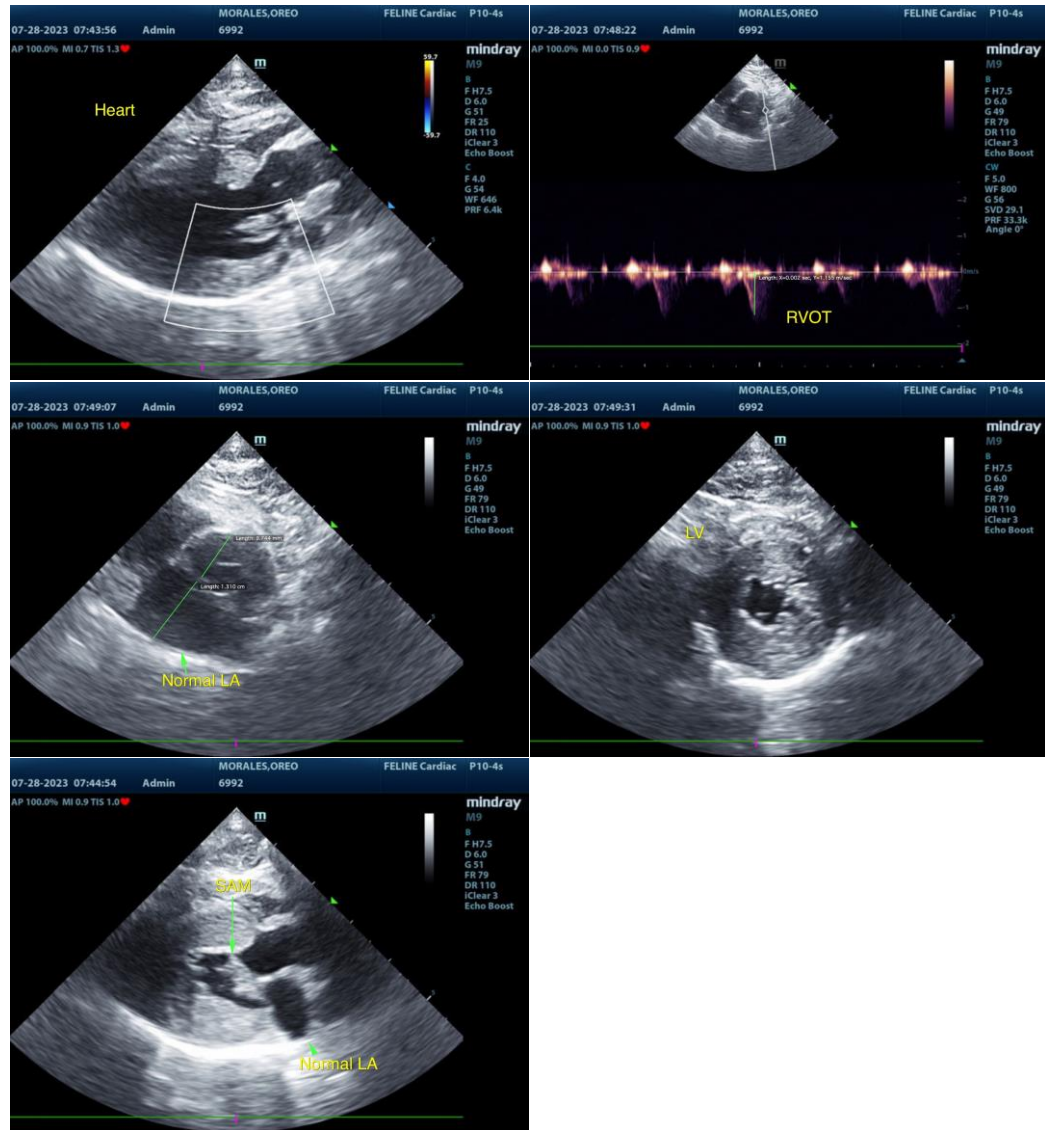
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com

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