



**PATIENT**

Loki Matityahu

**SPECIES**

Feline

**BREED**

DSH

**SEX**

NM

**AGE**

7 years

**WEIGHT**

N/a

**INTERPRETED BY**

Tam Mengine, DVM,  
 DABVP (canine/feline  
 practice)

**PRESENTING CLINICAL SIGNS**

- Heart murmur 3/6 noted on pre-anesthetic exam.
- ProBNP abnormal.
- Echo wanted prior to dental.

Abnormal PE/Chem/CBC/UA Results: NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	NP	173	0.4	1.9	0.4	65	NM
FELINE CARDIAC PARAMETERS	LA/AO (m-mode long axis)	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	1.9	1.7	NM		1.3	1.0	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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Vetco Total Care  
 Kinnelon

**REFERRING VET**

Dr. Griffin

**INVOICE**

11209

**DATE**

1/30/2026

**Urinary System**

The **left atrium** is mildly enlarged, with preserved atrial systolic function and no evidence of spontaneous echocardiographic contrast or thrombus formation. The **left ventricle** is normal in diameter with normal free wall thickness, and demonstrates good systolic function. There is focal borderline thickening (0.6 cm) in the upper ventricular septum with hyperechoic mottling. Ventricular septum diastolic wall measurements are otherwise within normal limits. The **right atrium** is subjectively of normal size and **right ventricle** dimensions and systolic function are subjectively normal. There is significant **mitral regurgitation** observed, and the septal mitral valve leaflet appears subjectively elongated, without evidence of SAM. The **tricuspid, aortic and pulmonary valves** all exhibit normal appearance and function, and no vegetative lesions were seen. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. There is no evidence of pericardial or pleural effusion, and no masses are seen.

**PRIMARY FINDINGS**

- Mitral regurgitation and left atrial enlargement, with borderline upper septal thickening.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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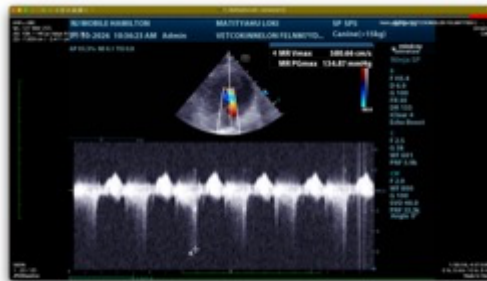
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The presence of mitral regurgitation and left atrial enlargement, without ventricular dilation or concentric hypertrophy. The borderline upper septal thickening may indicate early hypertrophic cardiomyopathy, but this can also be an incidental occurrence in many cats. Other differential diagnoses would include mitral valve dysplasia and other less common cardiomyopathies. There is no indication for cardiac medications at this time, however, should the pathology progress, the patient is at risk for complications including congestive heart failure, thromboembolic disease, and rarely sudden death. Thus, the client should monitor for increased respiratory rate and effort, syncope, or symptoms of feline aortic thromboembolism. As long as the patient is doing well, a recheck echocardiogram in 6 months is recommended. If clinical signs develop, then referral to a cardiologist would be the ideal next step, if available.

The patient has a mildly increased risk for anesthetic complications such as fluid overload. An ECG would be recommended prior to anesthesia to rule out the possibility of an occult arrhythmia. The following anesthetic protocols are recommended:

- Avoid drugs that may cause tachycardia, such as ketamine, xylazine, atropine and glycopyrrolate. Atropine or glycopyrrolate can be used if the HR falls below 130 and blood pressure is low during the procedure.
- Pre-medicate with an opiate, and if needed a benzodiazepine. Oral gabapentin 2 hours prior to the procedure can also help lessen anesthetic needs.
- Induction with propofol or alfaxalone
- Maintenance anesthesia on isoflurane or sevoflurane
- IV fluids should be used at modest doses, starting at 1-2ml/kg/hr.
- Continuous monitoring of ECG, pulse ox and blood pressure is recommended.





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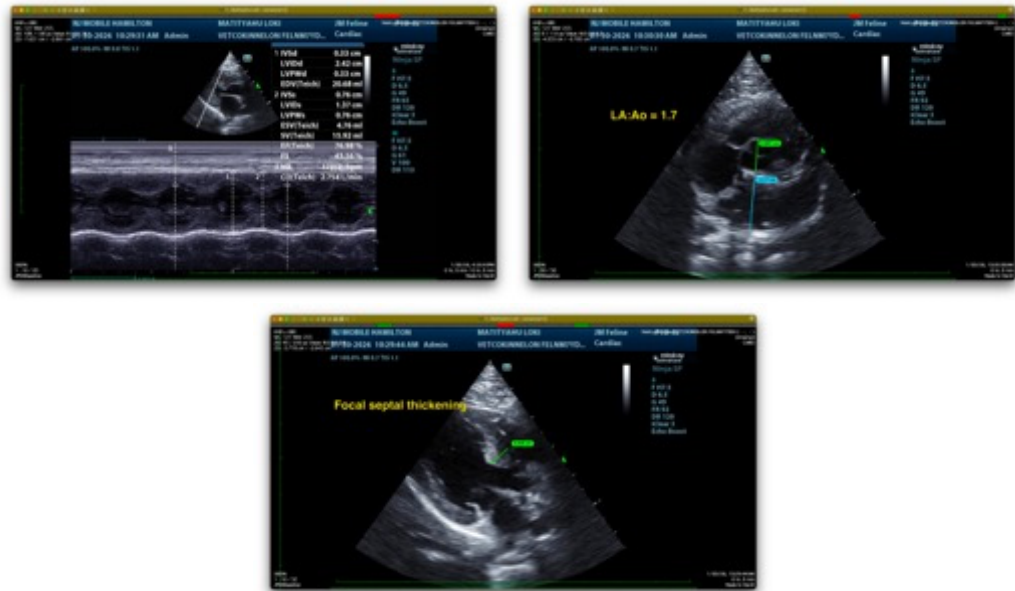
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

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