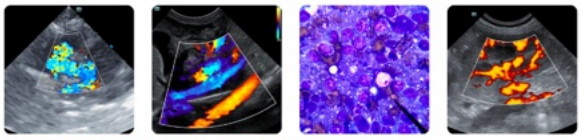


DATE

4/14/26

PATIENT

Pandy Leory Short

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

2/1/16

WEIGHT

11.7 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

HOSPITAL NAME

Veterinary Hospital Cross Keys

REFERRING VET

Dr. Notarangelo

INVOICE

74456

CLINICAL BACKGROUND & STUDY DETAILS

History: History of IBD and heart murmur. Mild abnormalities with dynamic LVOT and RVOT obstruction on 2/6/25 echo. 2/6 systolic PMI L apex persists but new gallop on recent auscultation though pet did not receive gabapentin pre visit pharmaceutical. IBD well-managed with budesonide, maropitant, B12, probiotics, PR diet. Pet has Ultrasound 2/7/25 showed prominent muscularis in small intestine, thickened cecal wall (resolved on 5/16 recheck scan) and mild lymphadenopathy. New ALT elevation in January and thin BCS led to increase from 0.75 mg to 1 mg of budesonide SID. Pet is stable but looking to evaluate for any changes in abdomen. Combining with echocardiogram recheck.
Pertinent abnormal PE/Chem/CBC/UA Results: Labwork attached, reported as 1/9/26: ALT 116.
Current medications: Royal Canin Selected Protein PD Dry for Cats 8.8lb bag 1 bag 10/21/2025, Royal Canin Selected Protein PD Can for Cats Case of 24 x 5.1oz Cans 1 case 9/18/2025, PROVIABLE DC CAPS 30CT 8/28/2025, VITAMIN B12 INJECTION 100ML BOTTLE 2/11/2025, MAROPITANT CITRATE 24MG TABLET 2/11/2025, Budesonide 1 mg daily.
Sedation used: Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results: 2/6/25. See attached.
STAT: Not requested.
Imaging performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension with equivocally thickened left ventricular walls, with no significant evidence of progression. The endocardium is mildly hyperechoic, with normal myocardial echotexture, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility based on fractional shortening and systolic left ventricular dimensions. The right atrium and ventricle are subjectively normal in dimension and systolic function. There is evidence of systolic anterior motion of the mitral valve with trace to mild mitral regurgitation. The tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation. The left ventricular outflow tract demonstrated turbulent flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of semilunar valve insufficiency or pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

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	5.32 kg	180	0.51	1.35	0.55	56	89
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	1.45	1.55	1.46		1.6	1.7	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

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with dynamic subaortic stenosis, as there is SAM present, but no convincing hypertrophy is identified. It is unlikely that any of the clinical/radiographic signs are related to underlying heart disease. There has been no significant progression since the previous evaluation.

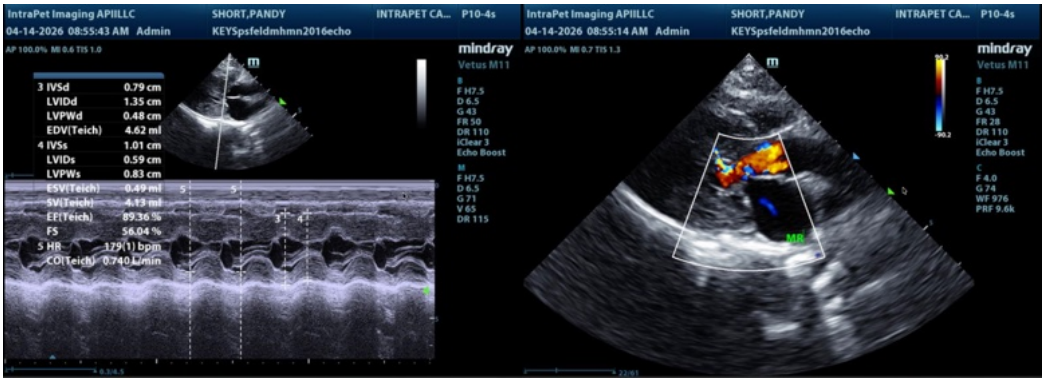
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

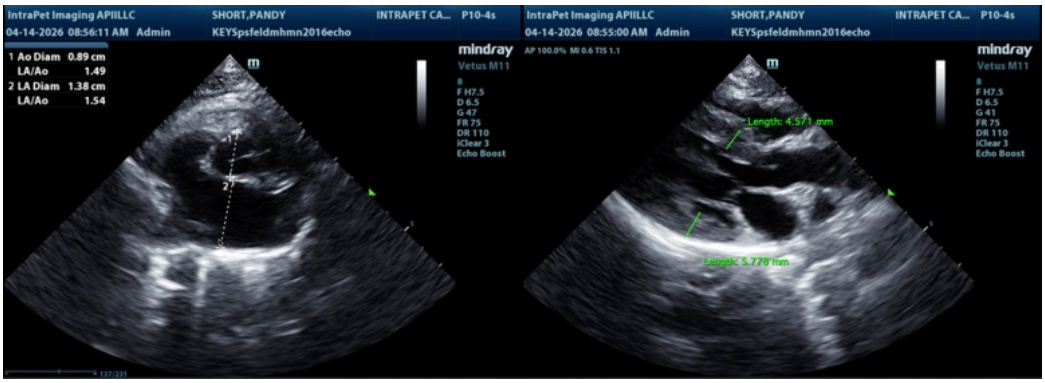
Given the absence of any underlying heart disease, no cardiac therapy will be recommended at this time. In addition, there are no cardiac objections to fluid therapy or steroid use. Owing to the presence of an outflow tract obstruction and borderline left ventricular hypertrophy, a follow up echo is recommended in another 6-12 months to make sure no progression has occurred.

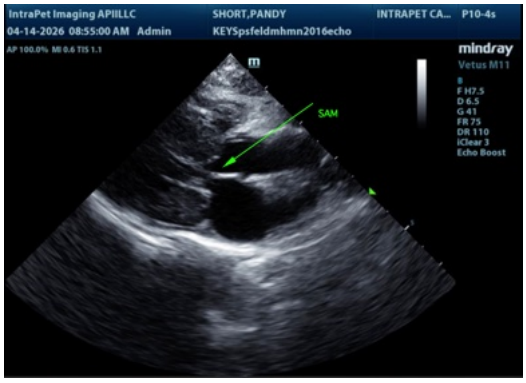
Anesthesia considerations:
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible (i.e., if not hypotensive). A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

Diet:
No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:
No special considerations are necessary.







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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)
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