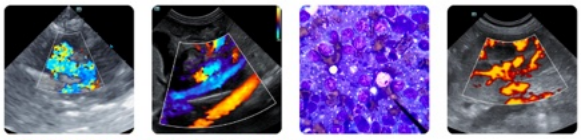


DATE

5/11/26

PATIENT

General Randle

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11/30/13

WEIGHT

16.4 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

INVOICE

75303

PRESENTING CLINICAL SIGNS

History: Stable since 4/28/25 ultrasound, minor weight gain. History: HCM since March 2022. PE: Grade 3/6 heart murmur. No other significant finding
Pertinent abnormal PE/Chem/CBC/UA Results: Labwork attached, reported as: CBC normal, Chem normal T4 normal at 2.0
Current medications: Atenolol 6.25 mg once a day, Monthly Solensia injections for the past 4 months, 0.04 mL ketamine sub q for arthritis pain
Blood Pressure: N/A.
Sedation used: Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results: Several. See attached.
STAT: Not requested.
Imaging performed by: Stephanie Warga RDCS, RVT.

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 mild to moderate hypertrophy, 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 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 turbulent flow with normal valve structure, 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	7.45 kg	NM	0.64	1.42	0.75	49	81
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	NM	1.46	1.33		3.5	1.9	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 identify left ventricular hypertrophy in the setting of a left and right ventricular outflow tract obstruction and absence of any chamber dilation. This is consistent with occult hypertrophic obstructive cardiomyopathy (HOCM). There is no evidence of progression since the previous evaluation.

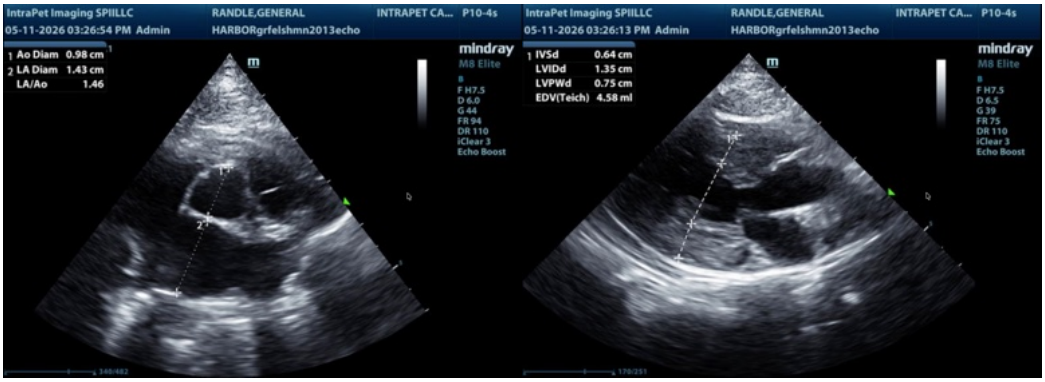
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

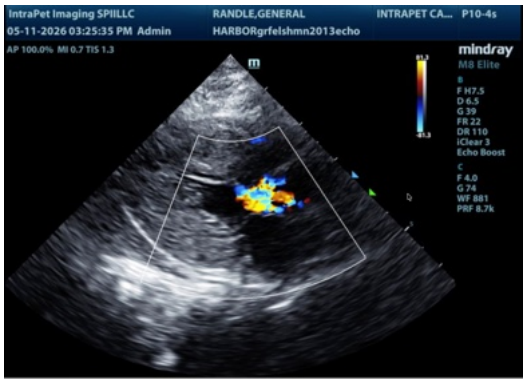
Given the lack of significant progression, the continued use of the beta-blocker is recommended. A repeat echo is warranted in another 6-12 months. The owners should monitor resting respiratory rate at home. Values above 30 breaths/minute or an increase in respiratory rate 10% above baseline should prompt veterinary re-evaluation.

Anesthesia considerations:
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If a beta-blocker (atenolol) is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Fluid therapy during anesthesia should be considered at a conservative 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 or 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:
Avoid overly strenuous activity.





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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