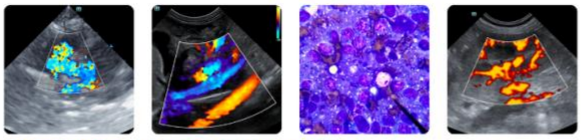


DATE

5/28/26

PATIENT

Nathan Wagaman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12/6/2011

WEIGHT

12.4 Pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

37259

PRESENTING CLINICAL SIGNS

CLINICAL BACKGROUND & STUDY DETAILS:

History: Presented for annual wellness. Patient has a history of a grade 2/6 murmur. Previous echo showed Focal. LV hypertrophy is present in addition to a borderline free wall dimension. These findings may be indicative of early hypertrophic disease or may simply represent a normal variant. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, no definitive cause is identified for the murmur in this study (MR/TR are unlikely to be ausculted), making it likely benign. BNP has been elevated but faily stable. On exam this year a murmur was not heart but there is an intermittent gallop rhythm.

Pertinent abnormal PE/Chem/CBC/UA Results: Labwork attached, reported as: Cardiopet proBNP (Feline) 384 0 - 100 pmol/L) prev 347 496
Current medications: Gabapentin 100mg night before and 2 hours prior to appointment
Blood Pressure: N/A.
Sedation used: Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results: 5/17/22. See attached.
STAT: Not requested.
Imaging performed by: Stephanie Warga RDCS, RVT.

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	5.64	NM	0.58	1.71	0.44	32	64
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	1.34	1.57		0.9	0.7	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							

Cardiac Presentation

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 equivocal septal wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right

atrium and ventricle are subjectively normal in dimension and systolic function. There is no evidence of systolic anterior motion of the mitral valve or other valve abnormalities with no overt mitral regurgitation. The tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole with trace regurgitation. The left ventricular outflow tract demonstrated normal laminar 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 evidence of mild aortic valve insufficiency, but no pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with the previous echocardiogram. The borderline/equivocal left ventricular wall measurements may represent an early manifestation of hypertrophic cardiomyopathy; however, may also represent a variation of normal for this patient. It is unlikely that any of the clinical/radiographic signs are related to underlying heart disease at this time.

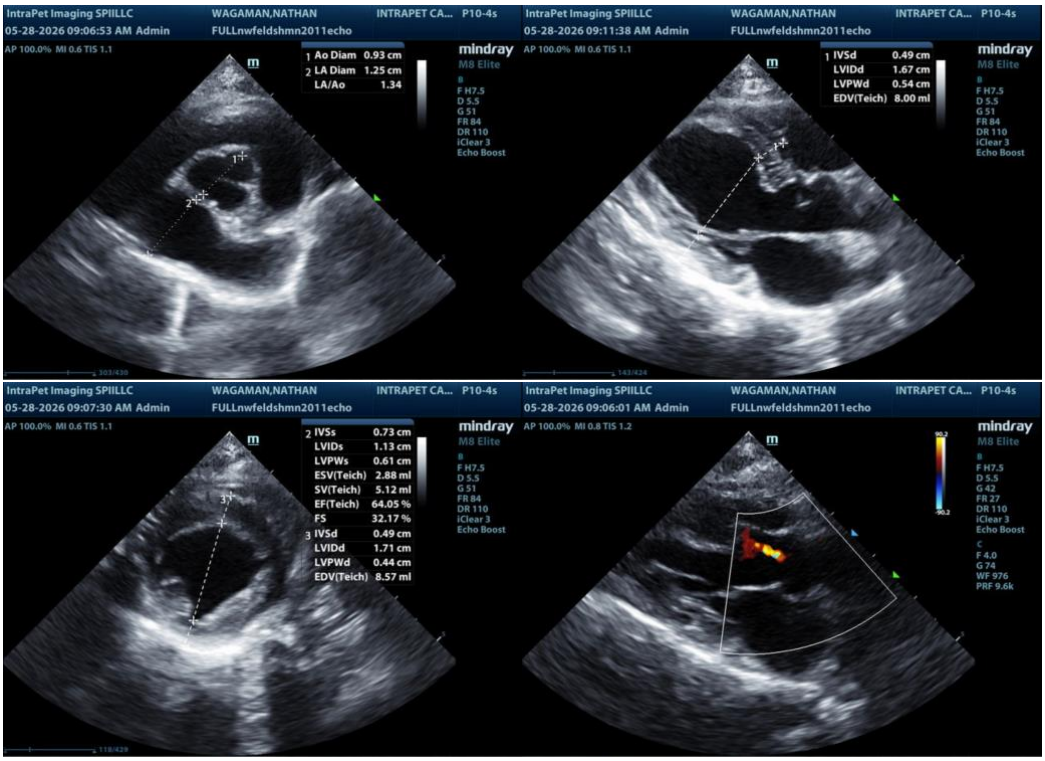
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations/Treatment:
Given the absence of any underlying heart disease, no cardiac therapy will be recommended. In addition, there are no cardiac objections to fluid therapy or steroid use. Owing to the presence of equivocal wall thickness, 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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