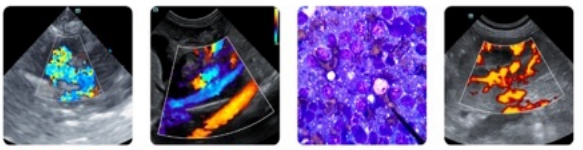


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Kevin Bertnyk

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

13 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Village Centre AH

REFERRING VET

Dr. Kunnath

INVOICE

78241

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Last Study 12/12/2025
this study does show evidence of progression. The LV wall thickness is actually decreased comparatively with worsening LV function. Likely reflects myocardial failure. The LA is also progressively dilated, although no significant smoke is seen. No additional issues are identified.
Current Medications
Pimobendan 5mg/ml, 0.25ml bid, Clopidogrel 75mg/ml 0.25ml bid

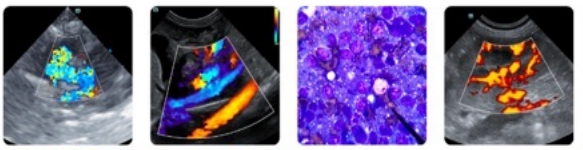
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is severely enlarged. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension, with mild concentric free wall 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. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation. There is no evidence of systolic anterior mitral motion documented. 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 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	5.91 kg	200	0.6	1.85	0.58	24	50
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	2.39	2.04	2.16		0.6	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							

ECG:

The underlying rhythm is sinus in origin with an average rate of 240 bpm. The R-R intervals are regular, with a uniform P-R interval that is within normal limits. There are occasional premature complexes with a wide QRS (>40ms), consistent with a ventricular origin. There are no ventricular couplets or runs of tachycardia documented. There is no evidence of atrioventricular block or atrial ectopy documented.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Kevin Bertnyk

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

13 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Village Centre AH

REFERRING VET

Dr. Kunnath

INVOICE

78241

DATE

6/2/26

ULTRASONOGRAPHIC FINDINGS

These findings identify left ventricular hypertrophy in the absence of an outflow tract obstruction, consistent with hypertrophic cardiomyopathy (HCM). As a consequence of the heart disease, the left atrium is also enlarged. The distinction of congestive heart failure is traditionally made via thoracic radiographs or documentation of cavitary effusion. A ventricular arrhythmia is also noted. In cats, ventricular arrhythmias are usually secondary to underlying structural heart disease. Causes include cardiomyopathy (e.g., hypertrophic, restrictive, arrhythmogenic, dilated) or secondary myocardial disease (e.g., hyperthyroidism, hypertension). Rarely, ventricular arrhythmias develop secondary to extracardiac conditions (e.g., neurologic disease, metabolic disease, fever, anemia, trauma, GI disease, DIC and sepsis).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A systemic blood pressure and thyroid level are recommended to rule out systemic hypertension and hyperthyroidism as a cause for the left ventricular hypertrophy, respectively. If normal, then the left ventricular hypertrophy is secondary to primary hypertrophic cardiomyopathy. The clinical course for cats with HCM is incredibly variable. Continue Vetmedin therapy as previously directed. In these cases, the concurrent use of an ACEi (enalapril/benazepril) should be considered at 0.25-0.5 mg/kg orally once a day with a recheck of blood pressure and renal values in one week and three months. Additionally, Plavix/clopidogrel should be continued as an anti-thrombotic (1/4 of a 75 mg tablet, or 18.75 mg PO q 24 h). Due to the bitter taste of this medication, it may be best to place it in an empty gelatin capsule or use products such as a Pill Pocket.

A recheck echocardiogram is recommended in 6 months to monitor for progression, or sooner, if clinical signs are noted. Owners should begin monitoring the resting respiratory rate. A normal respiratory rate is less than 30 breaths per minute; however, the trend in breathing rate is most important. If a progressive increase in respiratory rate is seen, then evaluation by a veterinarian is necessary.

Anesthesia considerations:

While there is no CHF present, there is likely an increased anesthetic risk which must be considered prior to any anesthetic procedure. If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone 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 reduced rate (e.g., 2-3 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, or diazepam/etomidate 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.

PATIENT

Kevin Bertnyk

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

13 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Village Centre AH

REFERRING VET

Dr. Kunnath

INVOICE

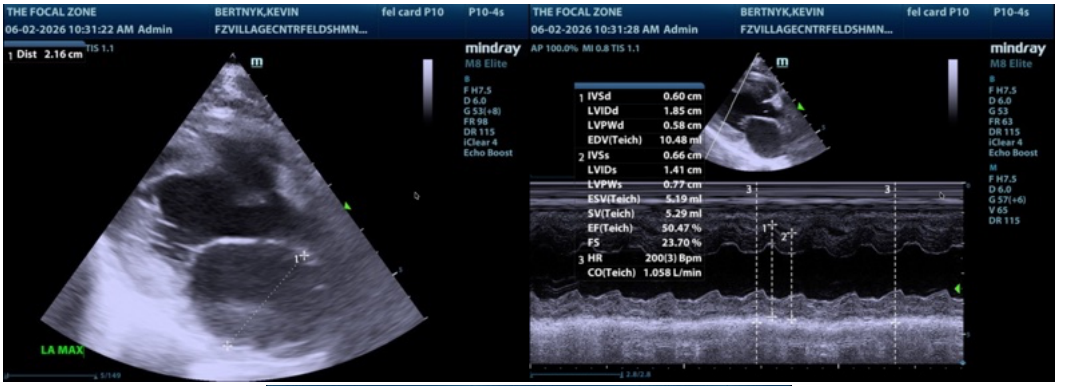
78241

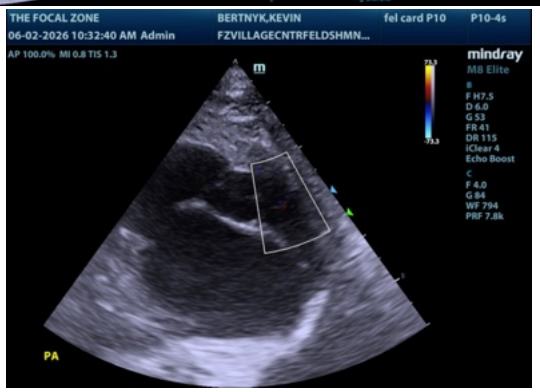
DATE

6/2/26

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)

info@SonoPath.com