



PATIENT

Tux Kocher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

13.3 lbs

PRESENTING CLINICAL SIGNS

History: HCM, episodic weakness. Grade IV/VI systolic murmur. Current Medications: Pimobendan 2mg bid; Benazepril 2mg bid; Spironolactone 10mg bid; Furosemide 8mg bid; Aspirin 20mg 2x/wk; Gabapentin 200mg 2hr prior to visit.
 Abnormal PE/Chem/CBC/UA Results: Not performed.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is moderately enlarged. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension, with moderate concentric 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 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 scant pericardial, scant pleural, but no1 free peritoneal fluid noted.

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Shari, Reffi, CVT

HOSPITAL NAME

Leck VH

REFERRING VET

Dr. Leck

INVOICE

69404

DATE

12/18/25

| 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 | 6.05 kg | 240 | 0.6 | 1.8 | 0.8 | 40 | NM |
| 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 | 1.72 | 1.7 | NM | | 4.2 | 0.9 | 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 | | | | | | | |

ECG:

There is a single-lead ECG available for review. The underlying rhythm is regular at an average rate of 240bpm. The rhythm appears to be sinus in origin with narrow QRS complexes. There is no atrial or ventricular ectopy and no atrioventricular block identified. This is most consistent with a normal sinus rhythm.



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ULTRASONOGRAPHIC FINDINGS

These findings identify LV hypertrophy in the setting of an outflow tract obstruction, consistent with hypertrophic obstructive cardiomyopathy (HOCM). The presence of significant left atrial dilation makes CHF a likely explanation for the clinical/radiographic signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adjustments to therapy for CHF is indicated, and should include Lasix (2mg/kg BID) and enalapril (0.5mg/kg q24, assuming normal blood pressure and kidney function), spironolactone (2mg/kg BID), pimobendan (0.25-0.35mg/kg BID), and Plavix (18.75mg SID), +/- rivaroxaban (2.5mg SID). A repeat evaluation is recommended in 1-2 weeks, at which time the blood pressure, chemistry, and thoracic radiographs should be repeated. Due to the bitter taste of the Plavix, it may be best to place it in an empty gelatin capsule or use products such as a Pill Pocket. A repeat echocardiogram, blood pressure, chemistry panel, and thoracic radiographs are indicated in another 3-6 months, or sooner if the condition worsens.

Anesthesia considerations:

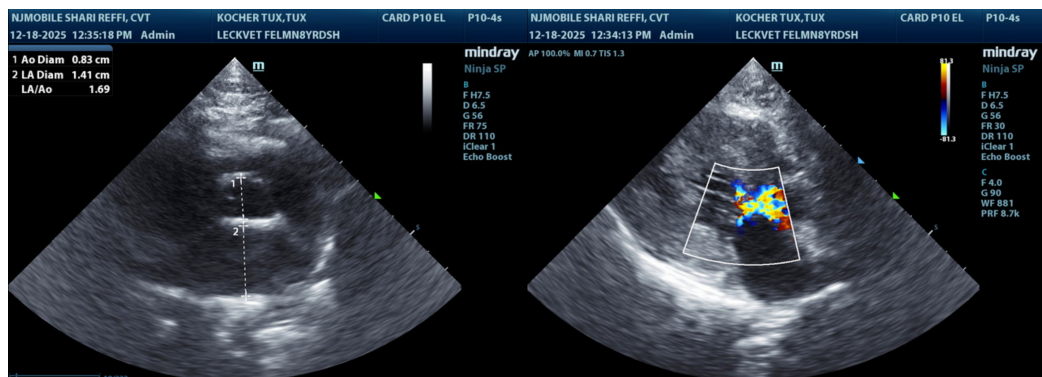
Anesthesia should be avoided until signs of congestion have resolved. If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Anesthetic IV fluid use should be limited to < 3 ml/kg/hr and, if IV fluid therapy is administered during the procedure, a 1 mg/kg dose of IM Lasix should be administered when the patient is awake and standing in recovery. 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.

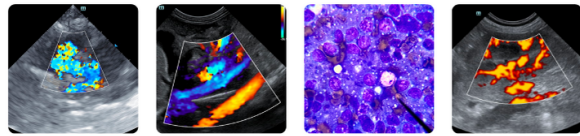
Diet:

A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition with mild dietary sodium restriction (< 100 mg/100 kcal) is recommended. Consider omega-3 fatty acid supplementation.

Activity:

Avoid strenuous activity.





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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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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