



PATIENT

Edgar Allen Toebeans
Wirth

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

5 Months

WEIGHT

3.67 kg

INTERPRETED BY

Camden Rouben, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Firefly VUC

REFERRING VET

Casey Dignan, VMD

INVOICE

35183

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History: Echo to further evaluate grade 2/6 left parasternal HM. Pre-neuter cardiac ultrasound due to possible cardiomegaly on chest x-rays and HM. Occasional coughing episodes recently, started on fenbendazole and cough has since resolved. No current meds.

Abnormal PE/Chem/CBC/UA Results: BP: 121/63 (84), relaxed. Initial BP reading 230 mmHg - stressed
CXR: Con: There is increased cardiac sternal contact, however this is a far less reliable assessment parameter due to the juvenile status of the patient and possible overlap with the thymus. However, as there is an audible murmur, some element of cardiac pathology is present given the juvenile status and patient, and echocardiography is recommended and will be necessary for definitive localization of this murmur. Lungs are relatively unremarkable at this time. This does not exclude differentials such as an early infectious bronchitis. Currently there is no distinct evidence of a cardiogenic oedema though the very early stages of a cardiogenic oedema can never be entirely excluded radiographically. BW normal including BNP.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

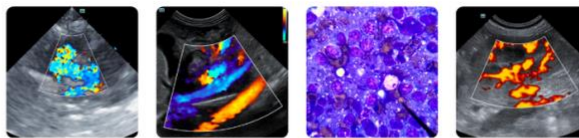
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LWVd (mm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1		35-67	80-100
PATIENT	3.67	153	4.3	--	3.5 mm	45	79.7
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.59	1.29	1.15		1.23	0.96	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

EPSS: 0.09 cm, TR VMAX: 0.83 m/s

Cardiac Presentation

Based on the images provided, the mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve leaflets and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy. There is normal right atrial size with trace tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and morphology of the tricuspid valves is normal. The right ventricle appears normal in structure and function subjectively. The aortic and pulmonic valves have normal morphology and the



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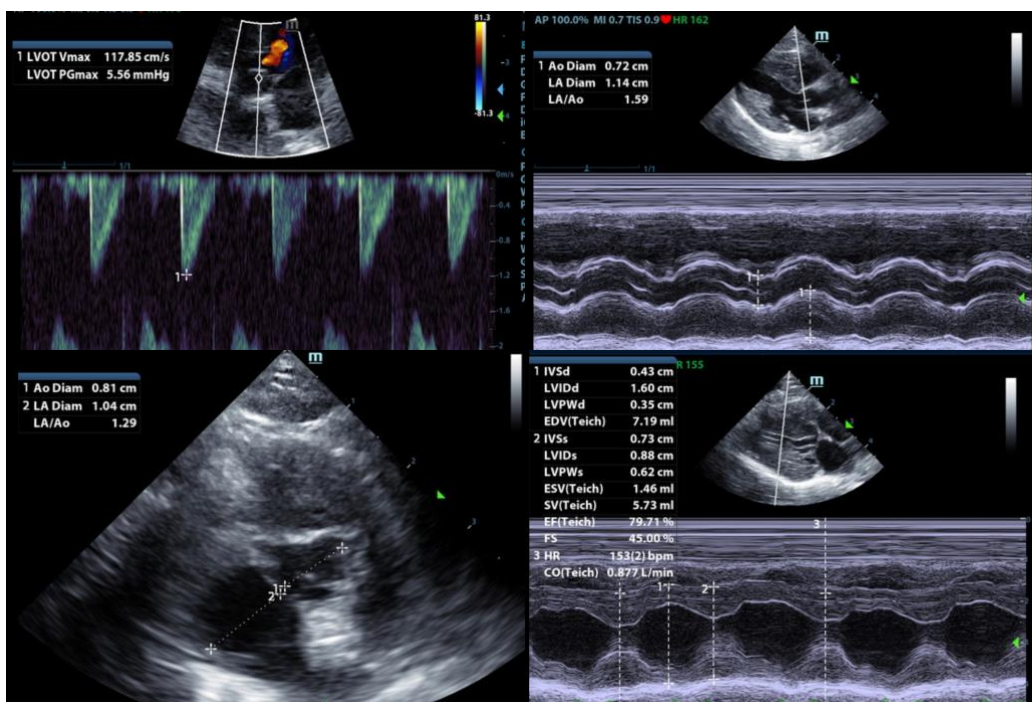
corresponding outflow velocities are within normal limits. There is trace evidence of aortic insufficiency. There is no evidence of pulmonic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of a ventricular septal defect, an atrial septal defect, or patent ductus arteriosus based on the images provided. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Based on the images provided, this patient has a clinically health cardiac structure and function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are warranted at this time. A recheck echocardiogram is not warranted at this time, unless the patient develops cardiovascular clinical signs, the heart murmur worsens in intensity, or the NT proBNP becomes abnormal. Elective anesthetic procedures should be well tolerated. Standard perioperative fluid rates should be well-tolerated. Ketamine is likely best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia. Activity restriction is not 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.



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