



PATIENT

Turbo Maximovick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

5.68

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Cory

HOSPITAL NAME

Brighton VC

REFERRING VET

Dr. Sophie Jones

INVOICE

35182

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History: From rDVM: Had a rough recovery from recent anesthetic, with asthma attack and mild laryngospasm. Has known asthma. rDVM wanting to investigate heart as concurrent cause of issues on recovery. Heart appeared enlarged on rDVM radiographs, positive proBNP at rDVM. Cat has a grade 2-3/6 systolic heart murmur. Currently on Flovent inhaler and furosemide (1/2 tablet once daily) Echo under sedation: butorphanol 0.2 mg/kg and midazolam 0.2 mg/kg.

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	5.68	NM	4.0	--	4.32	40	84.29
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	0.94	1.29	-		0.8	0.25	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							

MR VMAX: 3.0 m/s

Cardiac Presentation

Based on the images provided, the mitral valve leaflets are mildly thickened with mild mitral regurgitation with a centrally directed jet. There is mild prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular internal dimensions during diastole and systole appear within normal limits. The left ventricular wall thicknesses are within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Based on the images provided, this patient has degenerative valve disease, ACVIM stage B-1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The patient has degenerative valve disease ACVIM stage B1 and no cardiac medications are warranted at this time. The Use of furosemide is not warranted at this time. An echocardiogram should be rechecked in the next 6 months to monitor for progression of this condition. A sooner recheck is recommended if the patient has cardiovascular clinical signs.

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The client should start monitoring respiratory rate and effort if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then thoracic radiographs are recommended.

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A blood pressure should be performed in this patient if not already done so.

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Standard perioperative fluid rates should be well-tolerated because the left atrial size is normal. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia.

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Activity restriction is not warranted in this patient.

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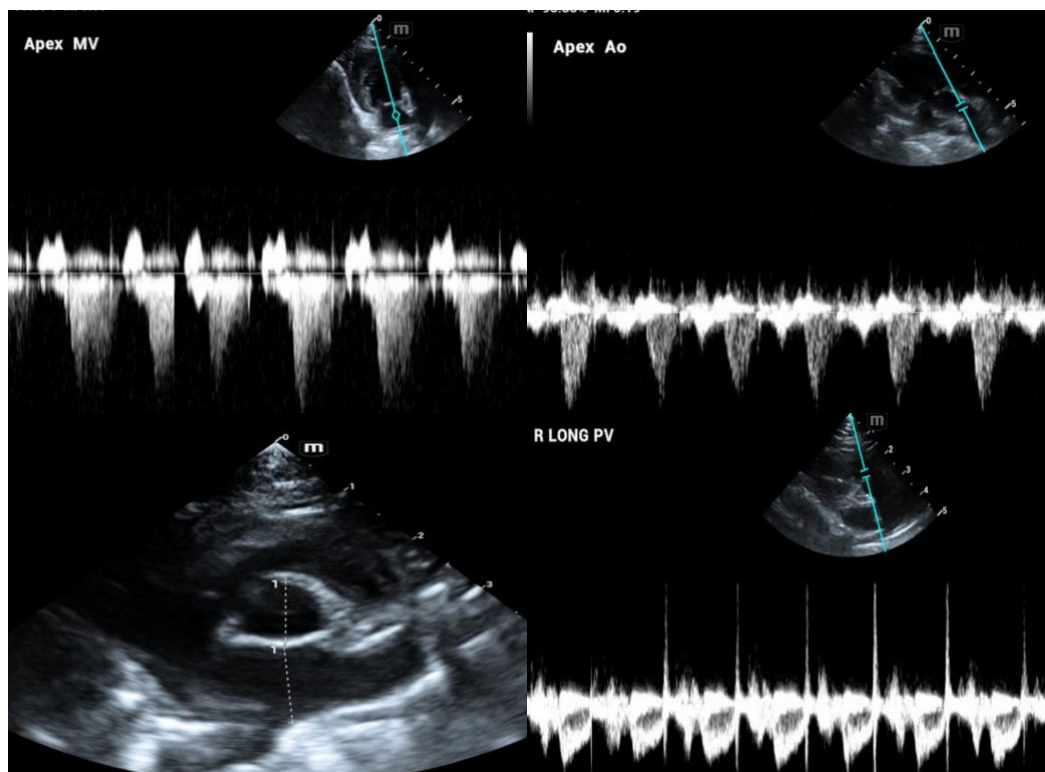
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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