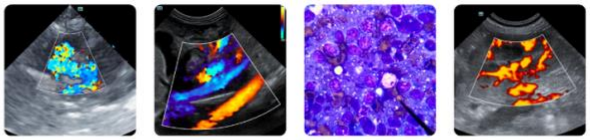


PATIENT

Mary Cooper

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 4 Months

WEIGHT

8.3 Pounds

INTERPRETED BY

Camden Rouben, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Lindsey Edwards, DVM

INVOICE

35622

DATE

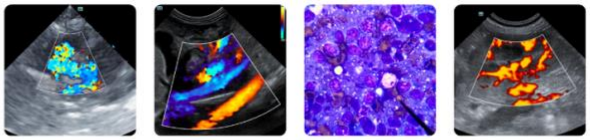
1/30/26

PRESENTING CLINICAL SIGNS

- 16yo FS DSH with historic HCM, stage B1 in Aug 2025, and CKD, presented to ER 1/12/26 for acute onset ataxia. Grade 4/6 parasternal systolic murmur auscultated; femoral pulses palpable; extremities cool to touch. POCUS showed LA:Ao approximately 1:1; no pericardial effusion; no pleural effusion; no B-lines; no peritoneal free fluid. P discharged for continued monitoring.
- P presented to BBVC the following day for continued ataxia and new hiding behavior. BP 164mmHg. Chem showed progressed azotemia. Discussed suspicion for vascular event (r/o vestibular vs. neoplasia vs. early AKI vs. other). Repeat echo recommended to determine if indication for starting anti-thrombolic and/or other medications.
- In September 2024, the pDVM recommended starting amlodipine for systemic hypertension. The dose was increased from 0.625 mg to 1.25 mg q24h. Given concerns for over-suppression and subsequent hypotension, the pDVM recommended decreasing amlodipine back down to 0.625 mg q24h in December.
- Amlodipine was ultimately discontinued completely in March/April 2025.
- LRS 40mL SQF SID
- Abnormal PE/Chem/CBC/UA Results: 1/23/26 - UA (cysto): USG 1.014, pH 5.5, UPC 0.9, 2+ RBC -1/21/26 - SDMA 34, Crea 4.2, BUN 46, GGT<1, T4 1.6, otherwise NSF -1/13/26 - CBC NSF, Crea 3.8, BUN 47 -10/17/25 - CBC NSF, SDMA 17, Crea 2.6, BUN 31 -UA (cysto): USG 1.014, pH 6.5, UPC 0.3 -T4 2.7 -8/6/25 - Echo Mild hypertrophic cardiomyopathy - ACVIM stage B1 (static)Normal left atrium Mild left ventricular hypertrophy (heart muscle thickening) with normal heart muscle function Suspect mild intermittent dynamic right ventricular outflow tract obstruction (benign finding)bp 120mmHg .

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (mm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1		35-67	80-100
PATIENT	3.77	164	4.0	1.61	4.5 mm	63.12	93.28
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			<1.6	<1.3	40-60



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PATIENT	1.43	1.52	12.7 mm	--	2.5	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: 1.1, LVIDs: 0.59 cm

ECG Interpretation

Based on the single lead ECG provided with this echocardiogram, the patient appears to be a normal sinus rhythm, but a 6 lead ECG is recommended to completely rule out an arrhythmogenic cause to the ataxic events.

Cardiac Presentation

Based on the images provided, the mitral valve leaflets are normal. There is trace mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of 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 without tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities for the pulmonic valve is within normal limits. There is no evidence of pulmonic insufficiency. The aorta appears normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Based on the images provided, the heart appears clinically healthy in structure and function. A thromboembolic event cannot be ruled out based on this echocardiogram alone, but the chance of it being cardiogenic in nature or an etiology, is low.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A 6 lead ECG is recommended to completely rule out an arrhythmogenic cause to the ataxic events. No cardiac medications are warranted at this time. Given the patient's history, a recheck echocardiogram is recommended in 6 months. An abdominal ultrasound is recommended, as well as a neurology consultation to rule out neurogenic causes of the acute onset of ataxia. The abdominal ultrasound is recommended to rule out other causes of thromboembolic events or potentially thromboses throughout the rest of the body. A vagal event cannot be ruled out, but more history is recommended to understand the nature of the ataxia.

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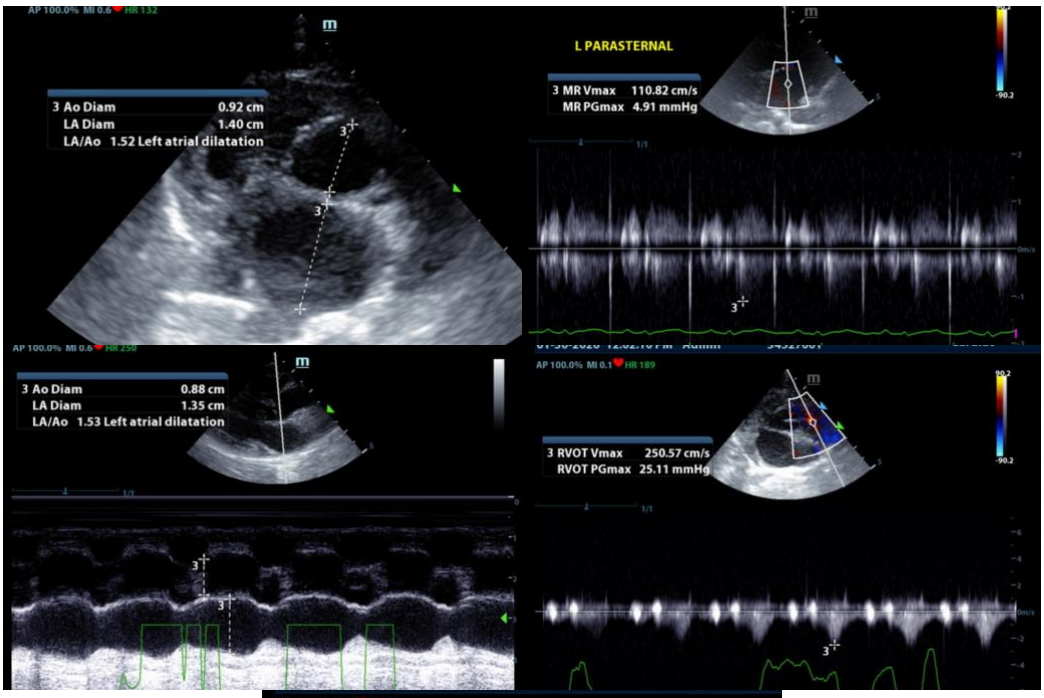

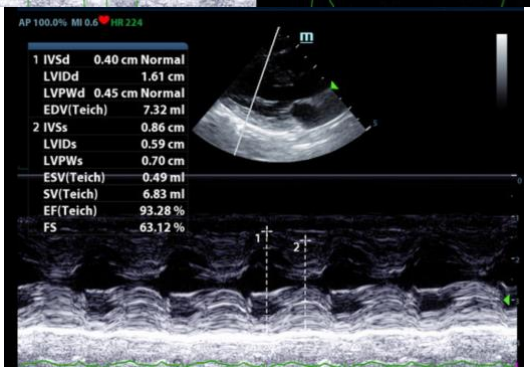

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Camden Rouben DVM, DACVIM (Cardiology)

info@SonoPath.com