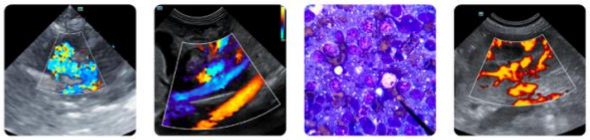

PATIENT

Baby Frans

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

7

WEIGHT

13.9

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Carey Zumpano

HOSPITAL NAME

Pikesville AH

REFERRING VET

Dr. Carey Zumpano

INVOICE

37161

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Patient examined for the first time one month before. A 3/6 murmur noted, no clinical signs noted. No murmur ausculted on 5/20/26 exam for echo. Significant dental dz present, echo performed to screen for anesthetic safety.

Abnormal PE/Chem/CBC/UA Results: Full chemistry profile: normal; Idexx cardiopet proBNP 225 (0-100) BP Doppler 140.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**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	13.9	NM	0.57	1.56	0.52	42	
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	1.39	1.39	1.4		1.05	--	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							

Cardiac Presentation

The left atrium and auricle are normal in size. No evidence of spontaneous echocontrast or intracardiac thrombi on the provided images. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. The interventricular septum measures in the equivocal range for LV hypertrophy. LV free wall thickness is normal. The right atrium is normal. The tricuspid valve is normal without evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonary valves are normal without evidence of insufficiency. The transaortic flow profile and velocity is normal. Spectral doppler of the right pulmonary outflow was not obtained. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Equivocal LV wall thickness
- Normal left atrial size

PATIENT

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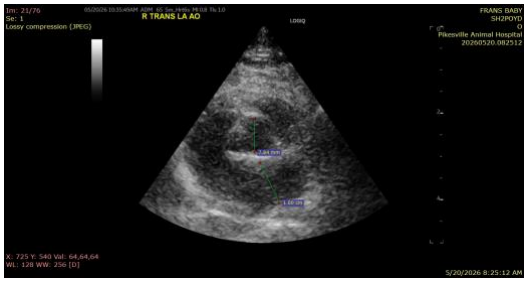
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram showed left ventricular wall thicknesses in the equivocal range. While this may reflect normal variation for this patient, an emerging hypertrophic cardiomyopathy remains a less likely possibility. No cardiac medications are recommended at this time. However, an annual echocardiogram is recommended to screen for progression of this change. The risk of adverse cardiovascular outcomes in the near future is considered low with normal left atrial size, so no medications are recommended at this time.

The cause of the elevated NT-proBNP is not identified.

Anesthesia

The cardiovascular risk to anesthesia is considered low at this time. However, given the equivocal wall thickening and elevated NT-proBNP, caution is recommended with the use of IV fluid therapy, and this should be limited to the minimum amount necessary. Avoid large fluid boluses if possible.



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.

James Wood, DVM, DACVIM (Cardiology)

info@SonoPath.com