

PATIENT

Linus Hawkins

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.1 kg

INTERPRETED BY

James Wood, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

INVOICE

37162

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: 6 Month recheck echo. No heart related issues, renal issues are stable.

Current Medications: 1mg mirtazapine every 3rd day, ASA 20mg every 3rd day

Abnormal PE/Chem/CBC/UA Results: CG attached Primary Question to Be Answered in This Exam 6 month recheck.

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	4.1	190	0.72	1.23	0.65	38.2	51.8
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	1.4	1.36	1.15		1.5	1.11	NM

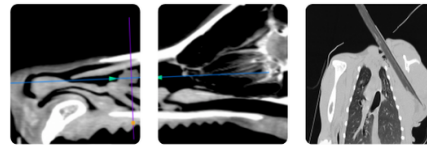
Adapted from June Boon, Veterinary Echocardiography, 1998
 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

ECG Interpretation

A 6 lead ECG was reviewed. There is significant artifact in leads 2 through AVF. Lead 1 has minimal artifact on all tracings. The average heart rate is approximately 175 bpm. No clear P waves are visualized with the significant artifact, however, given the irregularity of the rhythm, a regular sinus rhythm is suspected over atrial fibrillation. No ectopy or AV block is identified.

Cardiac Presentation

The mitral valve leaflets are normal and there is mild mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal; this has improved compared to the prior study. Left ventricular systolic function appears preserved. Left ventricular diastolic dimensions are within normal limits. There is systolic anterior motion of the mitral valve resulting in a mild dynamic LVOT obstruction and mild eccentric mitral valve insufficiency. There is severe symmetric left ventricular wall thickening. The severity of the LV hypertrophy is static to the prior study. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on the images provided. The right ventricle appears normal in



PATIENT

Linus Hawkins

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.1 kg

INTERPRETED BY

James Wood, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

INVOICE

37162

DATE

5/21/26

structure and function subjectively. The aortic and pulmonary valves have normal morphology, and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonary 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

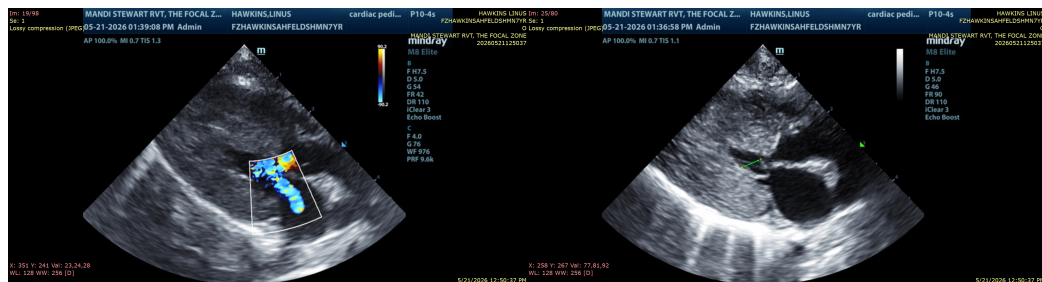
- Severe hypertrophic obstructive cardiomyopathy phenotype - normal left atrial size today.

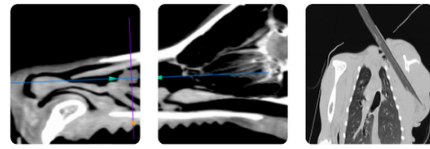
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There remains severe left ventricular hypertrophy. However, the left atrial size now measures normal on today's study. The prior study reports the use of atenolol and clopidogrel. These medications were not mentioned in this history. If those are being used currently, continue at the current doses with no adjustments. If these medications have been discontinued, today's study does not show an indication for a beta blocker nor clopidogrel, so these do not necessarily need to be started. There remains significant risk of progressive left atrial enlargement, left sided congestive heart failure, thromboembolic disease, and arrhythmias. Recheck is recommended in 6 months or sooner if concerns arise.

Monitoring

It is very important to catch any clinical signs concerning for emerging CHF as early as possible. The client should be closely monitoring and ideally tracking the sleeping respiratory rate. The sleeping RR should be between 10-30 breaths per minute or less (ideally in the teens or low 20s). **If the resting RR is trending upward, consistently >35/min while resting/sleeping, the patient should be seen urgent for evaluation to determine if CHF is developing.** If your pet is ever unable to use one or more of their limbs, seek emergency veterinary attention. *RECHECK ASAP for thoracic radiographs if there is increase in RR to detect early CHF and avoid ER presentation**





PATIENT

Linus Hawkins

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.1 kg

INTERPRETED BY

James Wood, DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Hawkins AH

REFERRING VET

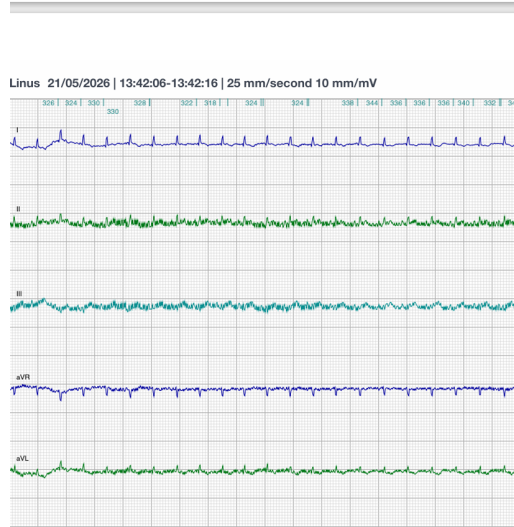
Dr. Hawkins

INVOICE

37162

DATE

5/21/26



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