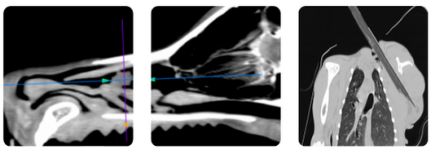

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Bruce Petrie

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.68 kg

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lock One AH

REFERRING VET

Dr. Salazar

INVOICE

37185

DATE

5/22/26

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur, elevated pro BNP. Bilaterally enlarged kidneys. Has been on Flovent. Abnormal PE/Chem/CBC/UA Results: Please see attached lab results.

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	4.68	100	0.57	1.57	0.5	33	65.12
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	--	1.23	1.4		0.51	0.6	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 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 and no evidence of a left ventricular outflow tract obstruction. Transmitral E and A waves suggest a delayed relaxation pattern of LV filing. The interventricular septum wall thickness is in the equivocal range. Normal LV free wall thickness is evident. Left ventricular systolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy. 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 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 valve 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

- Equivocal LV wall thickening (normal left atrial size)
- Mildly elevated NT proBNP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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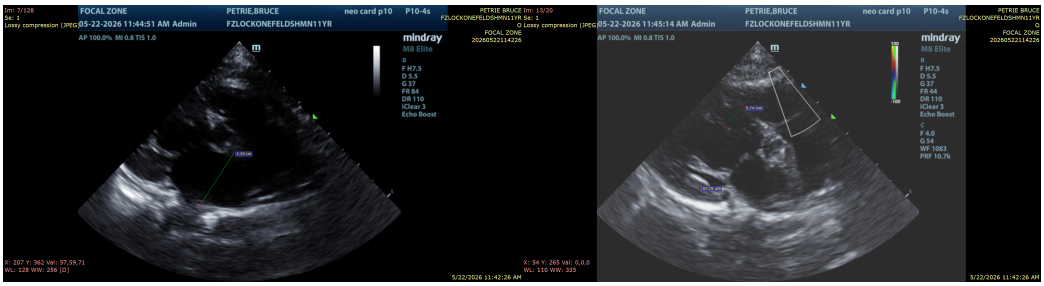
Bruce has equivocal LV wall thickening. This, in conjunction with the elevated NT proBNP and diastolic dysfunction, raises the possibility of an occult cardiomyopathy. Regardless, given the normal left atrial size, the risk of adverse cardiovascular outcomes in the near future is low. No cardiac medications are recommended at this time. A recheck echo is reasonable in 6 months. If there is no progression in the LV thickening at this time, the recheck interval may be extended.

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**



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