

**PATIENT**

Clementine Castella

**SPECIES**

Feline

**BREED**

Calico

**SEX**

Spayed Female

**AGE**

13 Years 8 Months

**WEIGHT**

12.5

**INTERPRETED BY**

James Wood, DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Graham Sager-Gellerma, DVM

**HOSPITAL NAME**

BackBay VC

**REFERRING VET**

Ariana Ferrero, DVM

**INVOICE**

37173

**DATE**

5/22/26

**PRESENTING CLINICAL SIGNS**

History: To evaluate the following condition: gallop rhythm, proBNP elevation (115)  
13 yr old FS DMH with a previously mildly elevated proBNP in 2025 (104). New gallop rhythm on exam 3/21/26 with proBNP 115.

Abnormal PE/Chem/CBC/UA Results: 3/21/26 CBC/Chem/T4: wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	5.68	210	0.69	1.19	0.34	78	98
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/)
<b>NORMAL PARAMETER</b>	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	1.48	1.34	1.27		0.7	1.5	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							

**Cardiac Presentation**

The left atrium and auricle are normal in size. No evidence of spontaneous echo contrast or intracardiac thrombi on the provided images. There is mild systolic anterior motion of the mitral valve with mild eccentric mitral valve insufficiency. There is no significant left ventricular outflow tract obstruction. There is a discrete basilar septal thickening associated with a false tendon insertion. The remainder of the LV free wall and interventricular septum measure normal. Transmitral inflow E and A waves are fused, limiting the assessment of the diastolic filling pattern. 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. There is aliasing color flow in the RVOT with a late systolic peaking CW doppler profile, consistent with a dynamic right ventricular outflow tract obstruction (benign). Aortic outflow velocities are within normal limits. 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**



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- Discrete upper septal thickening-R/O hypertrophic cardiomyopathy versus normal variant – normal left atrial size

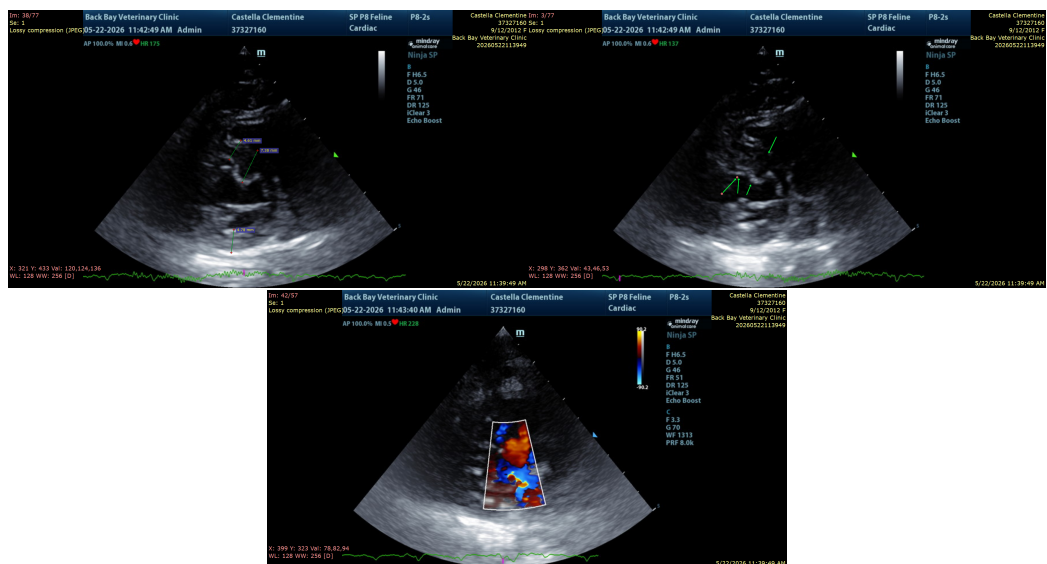
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram showed a focal thickening of the basilar interventricular septum. While this can be associated with HCM, it can also be a normal finding in many cats and is often associated with the insertion of a “false tendon” in the left ventricle. While this can be a variation of normal, the elevated NT proBNP and gallop sound are concerning for an occult cardiomyopathy. No medications are recommended. Given the chance of this representing a mild HCM phenotype, a recheck echocardiogram in 9-12 months is reasonable to screen for progression. If this change is static over multiple examination (particularly in a geriatric patient), ongoing follow up after this may not be necessary.

These changes can be secondary to hypertension and hyperthyroidism. Total T4 was reportedly normal, but a blood pressure is recommended.

## 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\*\*





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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.

James Wood, DVM, DACVIM (Cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)