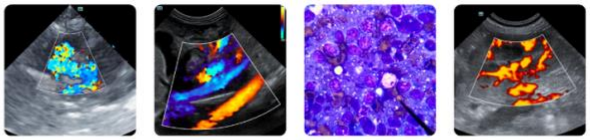


PATIENT

Pea Lord

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.8 kg

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Desaulniers

INVOICE

37214

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Prior to today (May 11), at the time of last appointment on December 10, 2025, no murmur or cardiac concerns were detected. May 11, 2026 Exam-Grade 3/6 systolic murmur, bilateral.

Current meds/supplements: Cartrophen 100 mg/ml-0.18 ml SQ q30days

Abnormal PE/Chem/CBC/UA Results: BCS 6/9 Grade 3/6 systolic bilateral CBC-nsf CHEM : BUN 11.52 (5.36-11.42) SDMA - (20 ug/dL (0-14) TT4 - wnl

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	5.8	181	0.69	1.36	0.57	39.7	--

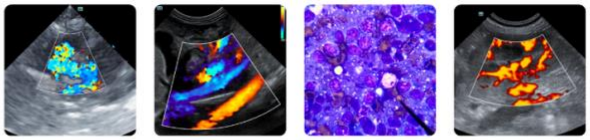
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber	**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7	<1.6	<1.3	40-60
PATIENT	1.45	1.42	1.43	2.2	0.79	NM

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 mild eccentric mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is within normal limits. 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. The left ventricular end-diastolic wall thicknesses are increased. 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 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



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- Hypertrophic obstructive cardiomyopathy, ACVIM stage B1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram revealed thickening of the left ventricular walls. This is consistent with a hypertrophic cardiomyopathy phenotype, or HCM. In HCM, there is hypertrophy (thickening) of the muscle fibers that make up the walls of the heart. Many cases are a primary heart muscle disease (genetic in origin), however in some cases this can be a secondary process that may improve with treatment of the underlying condition (i.e. high blood pressure or hyperthyroidism among others). A blood pressure and total T4 are recommended in cats >6yr to rule these out as underlying causes (if not already performed). Regardless of the cause, the thickening causes diastolic dysfunction, and progressive left atrial enlargement. There was also evidence of a dynamic left ventricular outflow tract obstruction due to systolic anterior motion of the mitral valve. While beta blockers have been used to improve the LVOT obstruction, studies have not demonstrated a benefit in survival times or other outcomes with beta blockers (even in cats with a severe obstruction on echo). Some cats who have symptoms of exercise intolerance (these cats typically have severe LVOTO) may have an improvement in clinical signs with atenolol therapy. Eventually, cats with left atrial enlargement are at risk of developing congestive heart failure (pulmonary edema, pleural effusion, or both), blood clot formation and arrhythmias/sudden death. Some cats with mild HCM may live a normal lifespan with no further progression of disease. However, it is also possible that his HCM will progress over time, and further therapy may be required for congestive heart failure, blood clots, or arrhythmias.

Fortunately, this patient does not have evidence of significant left atrial enlargement, so the risk of adverse cardiovascular outcomes is considered low at this time. No cardiac medications are recommended at this stage of the disease, but a recheck echocardiogram is recommended in 9-12 months to determine if there is any progression.

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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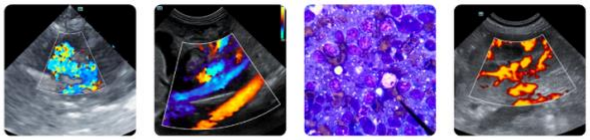

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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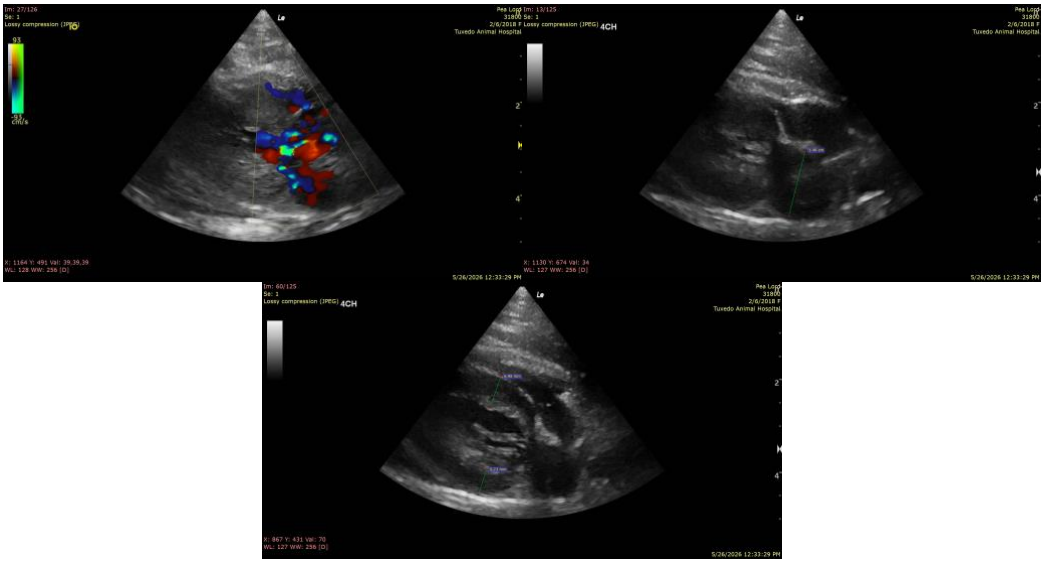

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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