



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Bart Brooks

History:

SPECIES

Feline

- Recheck of thorax as recommended in previous double cavity report from August
- Current Meds: Has been on Gabapentin, Cosequin, Methimazole and Metacam

BREED

Abnormal PE/Chem/CBC/UA Results: Please see attached previous double cavity report.

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Male Neutered

AGE

16y

WEIGHT

8.28 kgs

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	--	196	0.76	1.6	0.64	53	86
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	--	1.48	1.6		1.9	1.0	--
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							

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

Kaur

INVOICE

13170

DATE

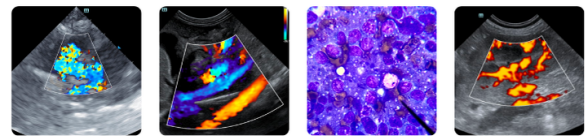
2/6/26

Cardiac Presentation

The left ventricular wall is moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Borderline increased left atrial dimension with bulbous appearance, no spontaneous contrast. There is evidence of systolic anterior motion (SAM) of the mitral valve present, with borderline increased measured LV velocity seen on color flow. Mild dynamic LVOT profile. There is indistinct to mild mitral regurgitation present secondary to SAM. Normal right atrial size. Normal right ventricle size. Normal RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Static hypertrophic obstructive cardiomyopathy



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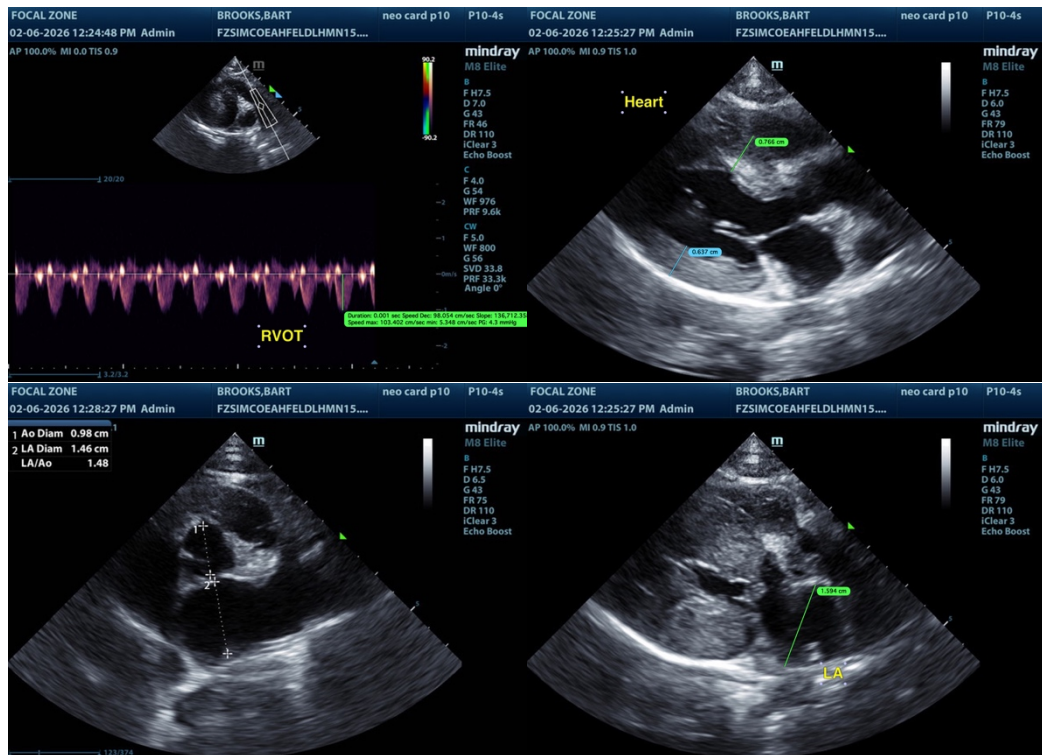
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar cardiac presentation compared to the previous study without evidence of progression. Similar LA dimension without evidence of spontaneous contrast or thrombus indicates the current and future risk of complication is mildly elevated. Given evidence of static to borderline increased LA dimension, consideration for Atenolol, if not currently instituted, 25 mg TABB ¼ TAB SID could be considered. However, the benefits of this medication are unknown with possible side effects such as hypotension, renal impairment or potential exasperation of CHF (no evidence of CHF currently present). Given lack of progressive cardiac disease and overall stable heart, clinical sonographic monitoring would be reasonable. Serial monitoring of systemic BP and T4 level to rule out complicating factors is recommended. Current anesthetic risk is considered mild to moderate. If required, the following protocol is suggested with close clinical monitoring. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





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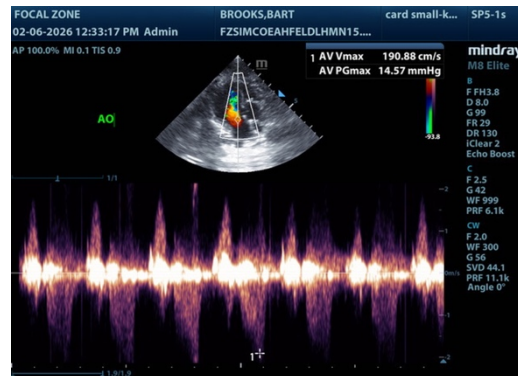
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com