



PATIENT

Penelope Thomas

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5.17 kg

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Cassie Jackson

HOSPITAL NAME

Hunsville AH

REFERRING VET

Dr. Cassie Jackson

INVOICE

35391

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Diabetic patient presented for suspected hypoglycemic episode in which the owners noticed a period of abnormal behavior including disorientation, apparent visual and auditory deficits, hiding in unusual places, and circling - Grade 2/6 systolic murmur L parasternal audible on auscultation - Echo performed to assess cardiac disease and suitability for deep sedation for abdominal US - Sedated with gabapentin 200mg PO + butorphanol 0.4mg/kg IM - Clinically doing well since episode - History of diabetes mellitus, pancreatitis, Stage 2-3 CKD, and elevated BP - Current medications: Solensia q30d, ProZinc 2IU SQ q12h.

Abnormal PE/Chem/CBC/UA Results: CBC normal - Chem: SDMA 40 (0-14) Creatinine 312 (80-203) Urea 24.5 (5.7-13.2) fPL 6.9 (0-4.4) Fructosamine 326 (300-400 good control) Rest NSF.

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	5.17	160	0.43	1.3	0.55	.93	--
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	NM	1.32	1.4		~1.0	0.5	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							

LVIDs: 0.56

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. Left ventricular systolic and diastolic function is within normal limits. There is equivocal concentric hypertrophy of the posterior wall. 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 pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic 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.



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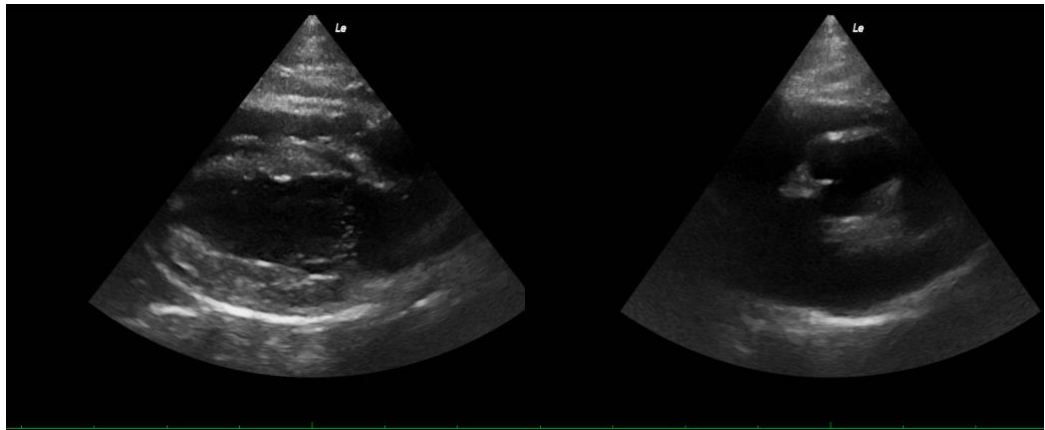
1/13/26

ULTRASONOGRAPHIC FINDINGS

- Equivocal concentric hypertrophy of the posterior wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has equivocal concentric hypertrophy of the posterior wall. No cardiac medications are recommended, however, a recheck echo is recommended in 10-12 months. Recommend ensuring the patient is euthyroid and normotensive as well. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.



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.

Sara Brethel DVM, DACVIM (Cardiology)

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