

PATIENT

Nimbus Rice

PRESENTING CLINICAL SIGNS

History: Family History of HCM- Screening for any disease

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 Years 8 Months

WEIGHT

7.75 Pounds

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	3.52	235	0.39	1.22	0.49	54.09	--
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	--	1.26	--		1.06	0.98	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							

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

LVIDs: 0.56, TR VMAX: 1.49

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 no evidence of left ventricular concentric hypertrophy. There is normal right atrial size with trivial 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.

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King VH

REFERRING VET

Dr. Aldridge

ULTRASONOGRAPHIC FINDINGS

- Trivial tricuspid regurgitation

INVOICE

35401

DATE

1/14/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has trivial tricuspid regurgitation. This is likely an incidental finding. There is no evidence of hypertrophic cardiomyopathy on this evaluation. Screening can be performed every year. Alternatively, a proBNP can be done in a year. If the proBNP comes back elevated, then a repeat echo



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would be recommended at that time.

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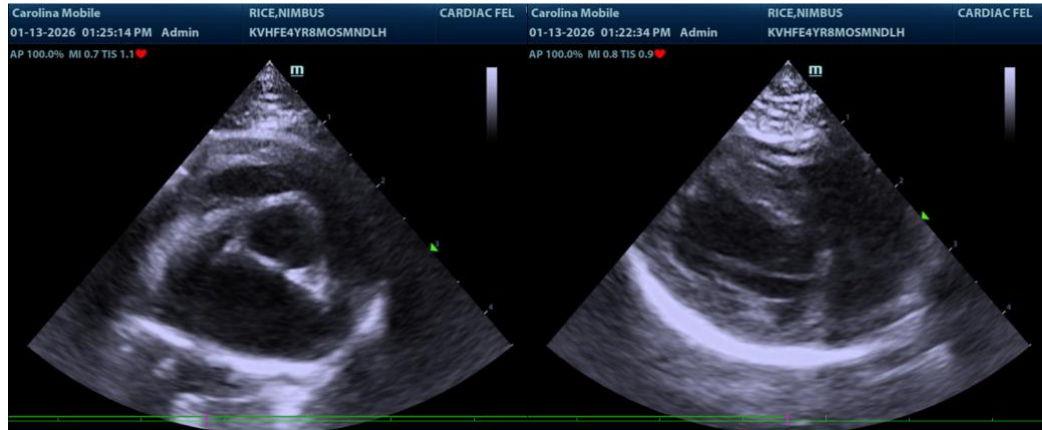
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sara Brethel DVM, DACVIM (Cardiology)

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