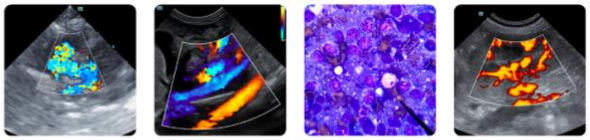

PATIENT

Apollo Schoen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

11.7 pounds

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

13287

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- Apollo was diagnosed with HCM stage B1 at a previous hospital ~ 1 year ago. Clinically, he's doing very well at home. Cardiac work up to evaluate for any progression of HCM and to assess if he's a candidate for Felycin-CA1. Chest radiographs and ECG attached.

Abnormal PE/Chem/CBC/UA Results: Blood Pressure: 140 systolic CBC, Chem, UA WNL (Crea 1.3, USG 1.45) ProBNP 648 T4 1.4 ug/dL

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	5.31	NM	0.59	1.46	0.69	43.15	NM
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	1.38	--		NM	NM	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 is within normal limits. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is concentric hypertrophy of the left ventricle. 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 pulmonic valves are normal. Aortic and pulmonic 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.

ECG

There is significant baseline artifact primarily along lead 2, however, the rhythm appears primarily sinus. The cardiac silhouette appears within normal limits. The pulmonary parenchyma and vasculature are unremarkable. There is no evidence of cardiogenic pulmonary edema.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy stage B1.

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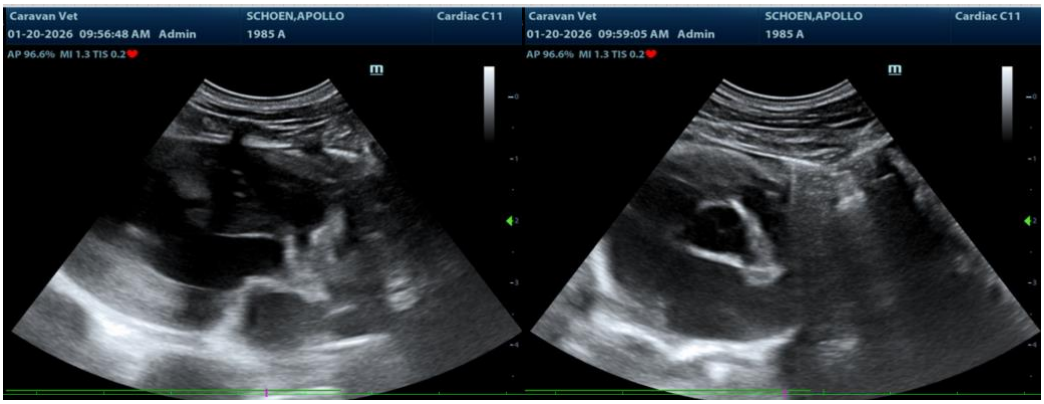
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has evidence of left ventricular concentric hypertrophy. The left atrial size remains normal. Administration of Felycin is controversial. As long as the patient's lab work is within normal limits, there's no concerning signs for emerging diabetes or liver abnormalities and the urine is normal, then Felycin can be started, however, the evidence to suggest that this is the best potential therapy for HCM is still undergoing investigation with the HALT trial and study. Can have the client look into facilities that are enrolling in the HALT study as well.

If starting Felycin, then I recommend following the HALT study protocol in terms of echocardiograms for monitoring of the patient. If not starting Felycin, then an echo is recommended in 10 to 12 months, sooner if the patient is developing cardiovascular clinical science or decompensating.



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)

info@SonoPath.com