

PATIENT

Dante Russell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

10 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

PCC of the High
 Country

REFERRING VET

Dr. Russell

INVOICE

35604

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Previous echo 1-2 years ago with Dr. Cooper and interpreted by Dr. Sayer at CARE- Mild HCM No murmur heard
- P has been diagnosed with GB blockage- scheduled for cholecystectomy and CBD flush on Monday
- P has been sick and icteric for several weeks
- Please comment on anesthesia risk and protocol for surgery

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	4.45	NM	0.54	1.24	0.52	48.38	89.24
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	1.75	1.31	1.32		0.7	0.8	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: 1.64, RAD: 1.2

Cardiac Presentation

The left atrium is at the upper limits of normal. 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 equivocal concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal with trivial evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves are normal without evidence of insufficiency. 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.

ULTRASONOGRAPHIC FINDINGS

- Historic hypertrophic cardiomyopathy (equivocal measurements on today's evaluation)



PATIENT

- Left atrium upper limits of normal to mildly increased on some images
- Trivial tricuspid regurgitation

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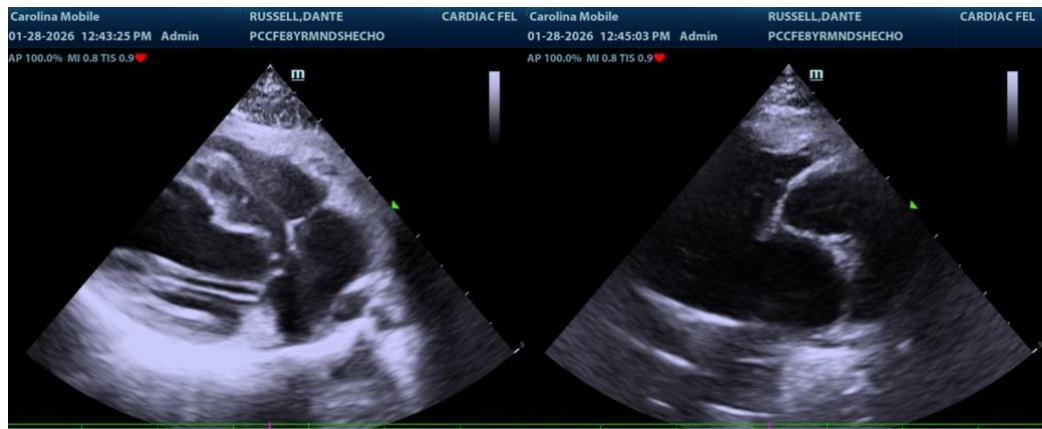
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have equivocal changes to the ventricle. Recommend ensuring the patient's blood pressure and thyroid are normal. Given the history, the patient appears to be an adequate anesthetic candidate. While there is some evidence of mild left atrial enlargement/left atrium being at the upper limits of normal, I recommend judicious use of perioperative fluids. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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. A recheck echo is recommended in 6-9 months, sooner if cardiovascular clinical signs are occurring. I recommend caution against steroid therapy for this patient.



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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