PATIENT

Riley Glegg

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

Not Provided

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, DACVIM

HOSPITAL NAME

Meadowlawn AS, Market Commons

REFERRING VET

Dr. Hunt

INVOICE

35601

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- 2/6 murmur
- Needs dental
- Asymptomatic
- Abnormal PE/Chem/CBC/UA Results: Elevated proBNP

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	--	NM	0.54	1.2	0.55	50	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	1.23	--		NM	1.0	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: 0.6

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 equivocal concentric hypertrophy of the left ventricle and papillary muscles appear prominent. 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. There is trace aortic insufficiency. There is no pulmonic insufficiency. Pulmonic outflow velocities are normal. 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

- Equivocal concentric hypertrophy
- Prominent papillary muscles

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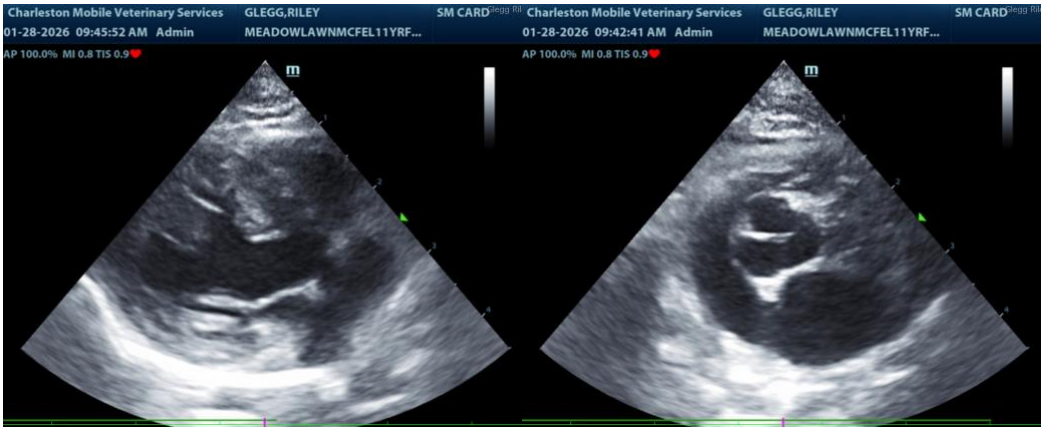
- Trace aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has equivocal changes to the left ventricle, and the papillary muscles are prominent- that, combined with the elevated proBNP, I recommend ensuring the patient is normotensive, especially with the trace aortic insufficiency present, and that the patient is euthyroid. If the patient is normotensive and euthyroid, then likely we have underlying HCM, stage B-1. Elective anesthetic procedures should be well tolerated, again, providing that those other diagnostics are normal. 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. A recheck echo is recommended in 6-9 months, sooner if cardiovascular clinical signs are developing.



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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