



PATIENT

Chip Senseman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

13.96

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

35240

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Chip is normal on physical exam and at home. His proBNP has had a >50% increase since his last screen. Cardiac work up to assess for underlying developing heart disease.

Abnormal PE/Chem/CBC/UA Results: Blood pressure = 160 systolic Crea 1.8, BUN 11, USG 1.050 His thyroid hasn't been screened; He's overweight with no clinical signs of hyperthyroidism.

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	6.34	NM	0.45	1.6	0.42	--	--
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	--	1.5	--		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							

ECG Interpretation

The rhythm is sinus with evidence of P pulmonale in lead 2 (suggesting right sided enlargement).

Cardiac Presentation

The mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is at the upper limits of normal to mildly increased. There is no evidence of systolic anterior motion of the mitral valve. Subjectively, left ventricular systolic and diastolic function is normal. There is no evidence of left ventricular concentric hypertrophy. There is at least mild right atrial enlargement 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 pulmonic valve appears normal with normal corresponding outflow velocities. The aortic valve appears normal. 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.

ULTRASONOGRAPHIC FINDINGS



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- Right atrial enlargement
- Left atrium upper limits of normal to mildly enlarged
- P pulmonale on the electrocardiogram

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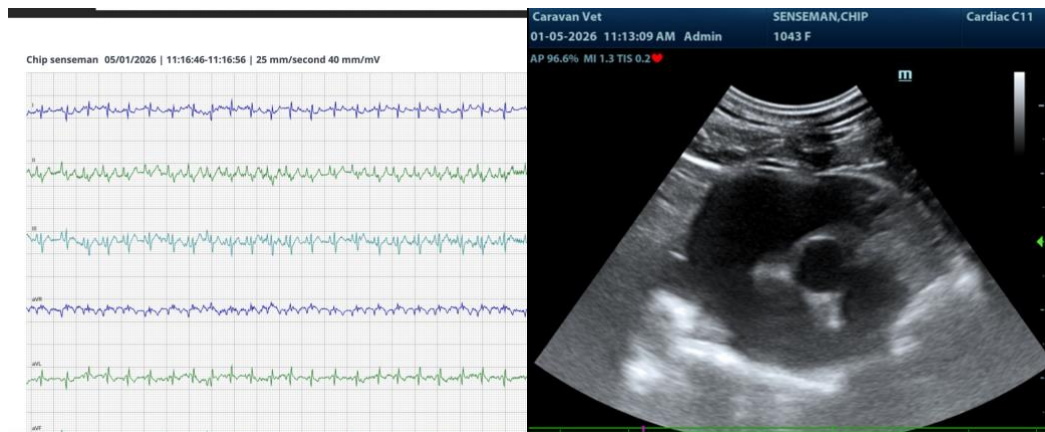
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be some right sided changes based upon the echocardiogram, however, a cause is not identified. Other congenital defects, such as a reversed PDA versus supravulvular or subvalvular pulmonic stenosis, or even a ventricular septal defect versus an atrial septal defect cannot be ruled out. The P pulmonale is clinically insignificant- it just suggests the right atrium is enlarged. The atrium also shows mild enlargement. Given the patient's age, congenital disease is prioritized over acquired disease, however, other conditions that are acquired, such as an arrhythmogenic cardiomyopathy, cannot be ruled out. I would consider referral to a veterinary cardiologist to help further elucidate the case.

If not moving forward with referral, in an otherwise asymptomatic patient, no cardiac therapies are recommended at this time. A recheck echo is recommended in 4-6 months, sooner if the patient is developing cardiovascular clinical signs or an arrhythmia develops.



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.

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info@SonoPath.com



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