



PATIENT

Rafiki Bako

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 Years

WEIGHT

13.1 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Sean Grasso, DVM

INVOICE

35235

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Grade IV/VI heart murmur ausculted during examination. Looking through previous records elsewhere revealed a note written "Heart murmur???" E/D/U/D normally, no V/D/C/S.

Abnormal PE/Chem/CBC/UA Results: TNL: 0.87 ng/ml abnormal PROBNP: 801.5 ng/ml abnormal

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	5.95	NM	0.42	1.44	0.59	--	--
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	--	--	--	~2.0	~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							

Cardiac Presentation

The mitral valve leaflets are normal and there is mild mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is within normal limits. Left ventricular systolic function appears preserved. Left ventricular diastolic dimensions are within normal limits. There is evidence of systolic anterior motion of the mitral valve and there is a discrete step up in velocities through the left ventricular outflow tract. There is evidence of a kissing lesion at the level of SAM, and the left ventricular myocardium appears hyperechoic in some regions. Left ventricular walls measure equivocally hypertrophied. There is normal right atrial size 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 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.

ULTRASONOGRAPHIC FINDINGS

- Equivocal concentric hypertrophy
- Mitral regurgitation



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- Left ventricular outflow tract obstruction (mild)

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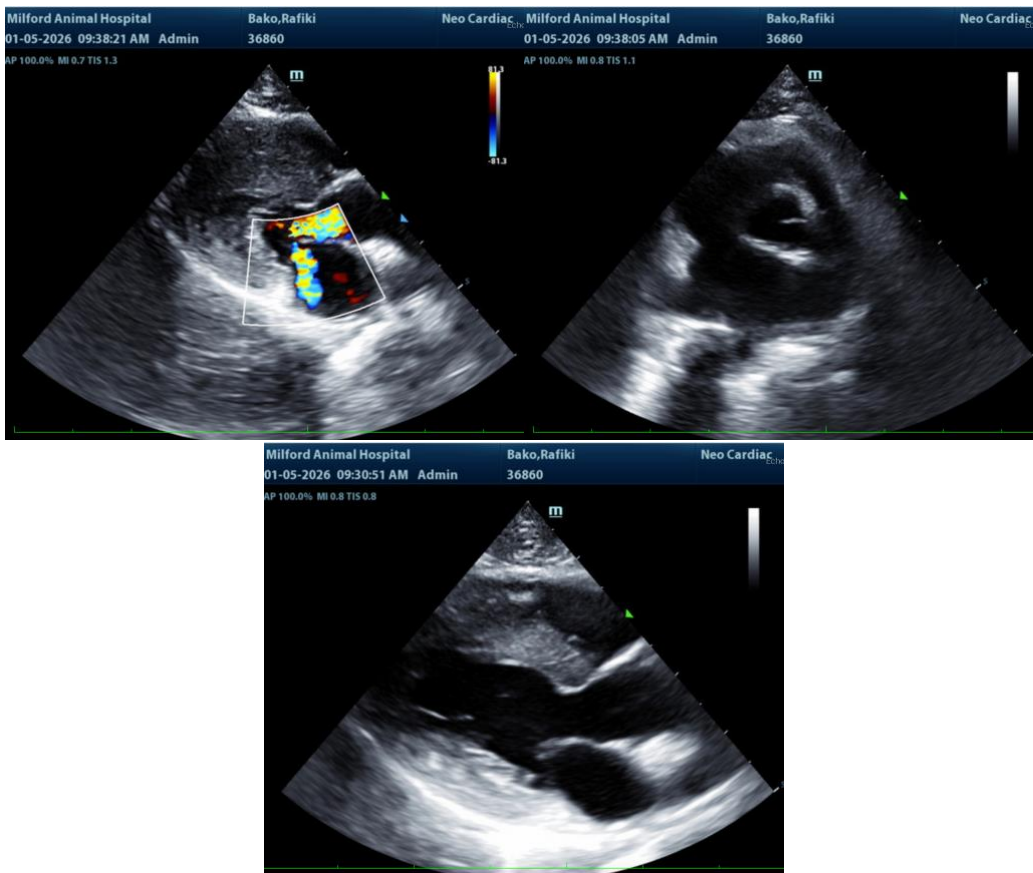
DATE

1/5/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has equivocal concentric hypertrophy, mitral regurgitation, systolic anterior motion of the mitral valve, and a mild subclinical left ventricular outflow tract obstruction. Given the patient's age, this may represent hypertrophic obstructive cardiomyopathy, stage B-1. If the patient is indoor/outdoor, or previous medical history is unknown, can consider infectious disease testing as well, i.e., bartonella can sometimes create a hypertrophic phenotype. A recheck echo is recommended in 6 months. No cardiac therapies are recommended at this time. A sooner recheck is recommended if the patient is developing cardiovascular clinical signs.

Overall, the patient is at a low risk for complications since the left atrial size is 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.



The information and recommendations provided are based on the images presented by the



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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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