

**PATIENT**

Sherlock D'Eath

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

8.64 kg

**INTERPRETED BY**

Sara Brethel DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Village Centre AH

**REFERRING VET**

Dr. Kunnath

**INVOICE**

35243

**DATE**

1/5/26

**PRESENTING CLINICAL SIGNS**

History: Presented for dental checkup. Bad breath, difficulty chewing dry food for long. No v/d/c/s. Possibly less active lately. BAR T: 38.2 C, HR: 190/min, RR: 32/min, m: pink, moist, crt < 2sec grade II/VI systolic murmur oral: advanced periodontal disease: pus pockets, gum recession, gingivitis around most caudal cheek teeth. Mild tartar build up on front teeth. Current Medications Clinacin 25 mg (20) to give 1 tab BID PO.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	8.64	NM	0.55	1.0	0.52	--	--
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/)
<b>NORMAL PARAMETER</b>	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	--	1.11	--		1.17	1.26	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**

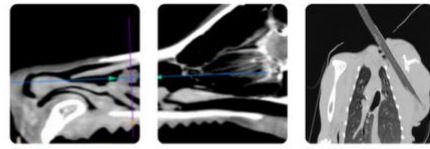
The left atrium is within normal limits. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is equivocal concentric hypertrophy of the left 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 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**

- Equivocal concentric hypertrophy of the left ventricle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has equivocal concentric hypertrophy, particularly of the interventricular septum. The left



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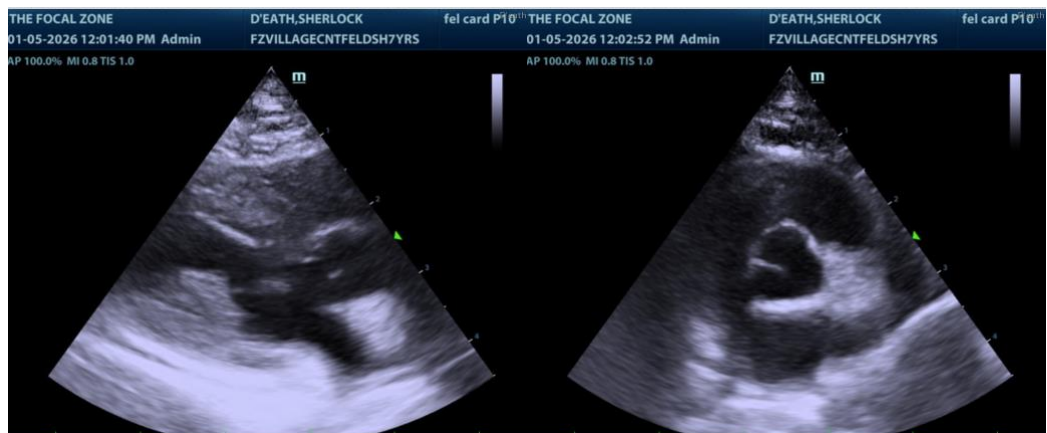
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atrial size is normal. There are no specific anesthetic contraindications, however, certain drugs, I recommend avoiding. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best 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. Recommend ensuring the patient is normotensive and euthyroid. A recheck echo is recommended in 10-12 months, sooner if the patient's heart murmur is changing in intensity or the patient develops other cardiovascular clinical signs.



**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](mailto:info@SonoPath.com)