



PATIENT

Ty Minnake

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

12 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

INVOICE

35267

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: 6 month recheck for left ventricular hypertrophy and VPC's Asymptomatic. AUS in July 2025 revealed some splenic nodules so wanted to recheck.

Abnormal PE/Chem/CBC/UA Results: WNL

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	5.45	NM	0.46	1.53	0.7	42.48	--
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	1.42	1.34	--		0.76	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: 0.88

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 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

- Left ventricular concentric hypertrophy
- Normal left atrial size
- Irregular rhythm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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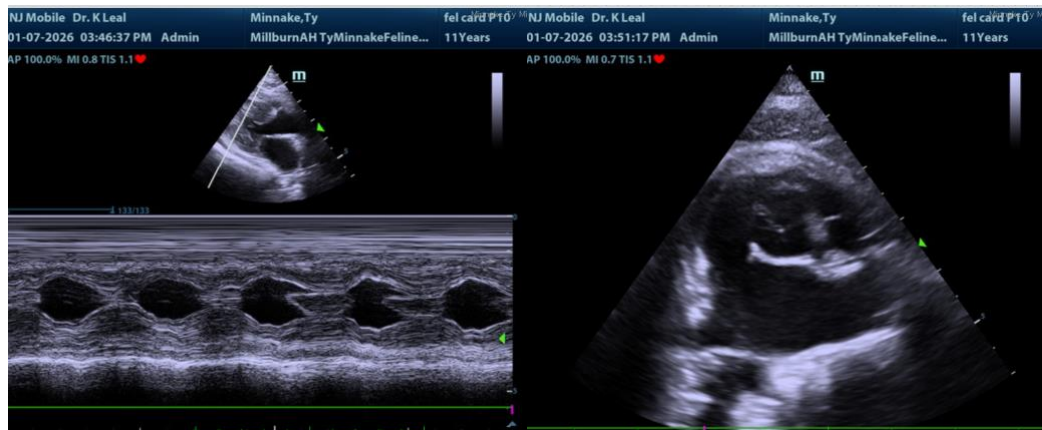
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The patient continues to have concentric hypertrophy of the posterior wall. There has not been significant progression since the previous examination performed. All other measurements, including the left atrial size, remain normal. The patient continues to have ACVIM HCM stage B-1. There continues to be an irregular rhythm. If possible, I would recommend obtaining an electrocardiogram, to further evaluate the patient's rate and rhythm, and to ensure no additional therapy is needed. Can consider gabapentin to help with patient temperament. Otherwise, a recheck echocardiogram is recommended in 10-12 months, sooner if any cardiovascular clinical signs are developing. Recommend ensuring the patient remains normotensive and euthyroid. Recommend assessing the rhythm prior to moving forward with any elective anesthetic procedures.



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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