

PATIENT

Cricket Milroy

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

2 Years

WEIGHT

2.6 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Aldershot AH

REFERRING VET

Dr. Wallace

INVOICE

35301

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: grade 2/6 murmur, normal rate & rhythm This is a follow up echocardiogram from work up done prior to spay July 2025

Abnormal PE/Chem/CBC/UA Results: prev US report attached.

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	2.6	NM	0.46	1.46	0.44	--	--
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	1.38	1.2	--		Underest	0.73	NM

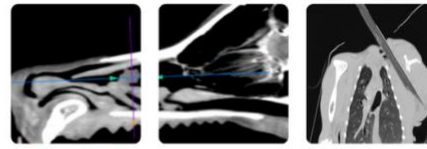
Adapted from June Boon, Veterinary Echocardiography, 1998
 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

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 appear mildly hyperechoic. 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

- Left ventricular outflow tract obstruction
- Mitral regurgitation



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- Normal left atrial size
- Hyperechoic left ventricle
- No evidence of concentric hypertrophy

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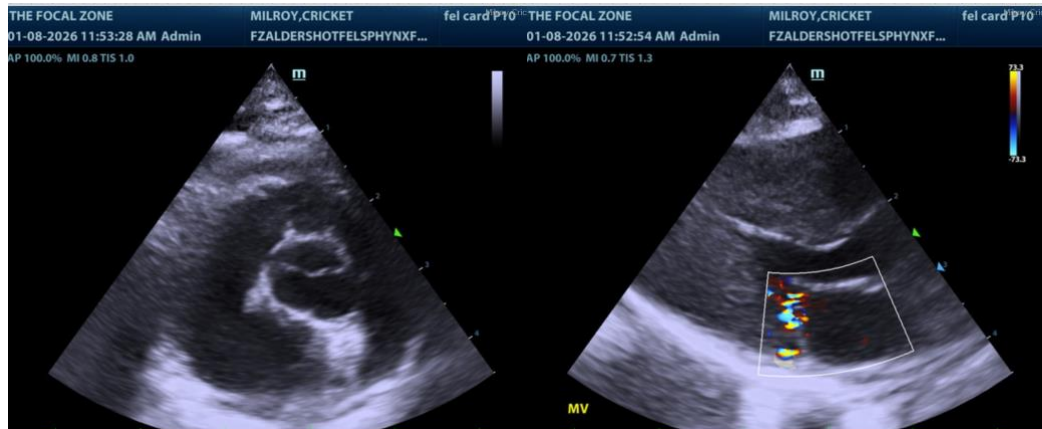
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have a left ventricular outflow tract obstruction. There is no evidence of concentric hypertrophy, but portions of the left ventricle remain hyperechoic. No cardiac therapies are recommended at this time. This can progressive and serial monitoring is recommended. Recheck echo is recommended in 10-12 months sooner if the patient is developing cardiovascular clinical signs or the murmur is worsening in intensity. There are no contraindications to anesthesia at this time. 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 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