

PATIENT

Grissom Vanbellegem

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

2.3 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Ingersoll VS

REFERRING VET

Dr. Allen

INVOICE

35299

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Presented for significant weight loss despite having an increased appetite. -Blood work performed in June of the previous year was reportedly normal. -There is a history of vomiting, though it has not been observed recently -The client reports that recent stools have been liquidy (few days) BAR, BCS: 1.5/5 HR- 160 bpm, Grade IV/VI heart murmur is present. Strong synchronous pulses Current Medications None.

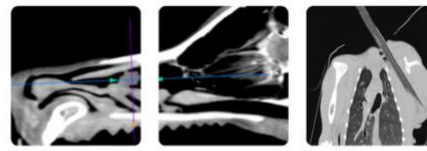
Abnormal PE/Chem/CBC/UA Results: See attached lab work Primary Question to Be Answered in This Exam concern for intestinal disease (EPI, lymphoma, IBD, other).

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	2.3	NM	0.5	1.54	0.45	--	--
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	--	1.41	--		Underest	0.67	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 no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy, however, portions of the myocardium appeared hyperechoic and irregular. 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.



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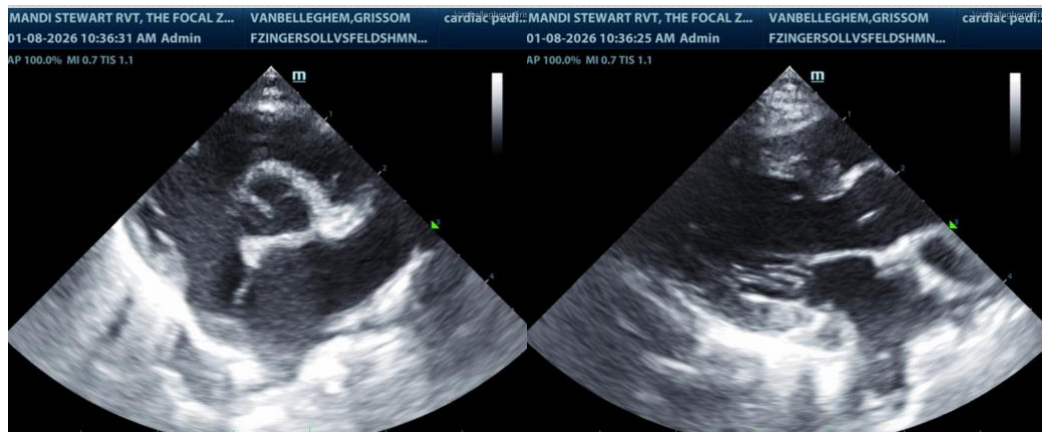
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ULTRASONOGRAPHIC FINDINGS

- Left ventricular myocardium hyperechoic and irregular

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart measures within normal limits, however, portions of the myocardium appear hyperechoic and irregular. This may represent previous changes and current scarring and fibrosis versus individual variation. Recommend ensuring the patient is euthyroid and normotensive. Otherwise, a cardiac cause for the patient's clinical signs is not detected. Consider a recheck echo in 10-12 months, sooner if the patient develops cardiovascular clinical signs or an arrhythmia.



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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