

PATIENT

Leeloo Degenne

SPECIES

Feline

BREED

DMH

SEX

Intact Female

AGE

8 Months

WEIGHT

2.5 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Ingersoll VS

REFERRING VET

Dr. Allen

INVOICE

35300

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Presented for routine spay -pre-op PE unremarkable-BAR, mm pink and moist, BCS: 2.5/5, HR: 180, Auscultation WNL -During induction/prep, developed concerning resp patterns, SPO2 decr, BP decr, became bradycardic. -Normal SPO2, BP and HR returned slowly once anesthetic aborted and anesthetics reversed -radiographic findings- - m1 cardiomegaly, thymus visible Current Medications N/A.

Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam possible cardiac cause to anesthetic complication?

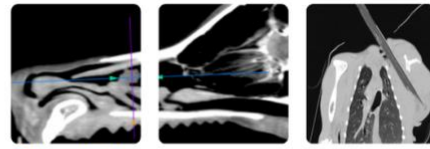
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	2.5	158	0.3	1.15	0.37	--	--
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	--	1.3	--		0.86	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							

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. 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



PATIENT

- Structurally normal heart

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is structurally normal. The cause of the patient's decompensation under anesthesia is unknown. In the future, I would not recommend using the same protocol for anesthesia. Recheck echo is not needed, unless the patient develops a murmur, an arrhythmia, or an elevated proBNP.



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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