



PATIENT

Stormie Rindal

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1

WEIGHT

10 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

35492

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Patient has not had an appreciable murmur and no signs of heart disease clinically/on exam. ProBNP elevated in August to 170 and is now 300. Echocardiogram to evaluate for underlying heart disease.

Abnormal PE/Chem/CBC/UA Results: Blood pressure: 130 systolic Crea 1.3 BUN 31 USG 1.060 ProBNP 300 (170 in August).

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	4.5	NM	0.55	1.0	0.6	--	--
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	--	1.2	--		--	--	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

**Unable to assess for MR, TR, AV, PV.

Chest Radiographic Interpretation

The cardiac silhouette appears within normal limits. There is no evidence of congestive heart failure.

ECG Interpretation

Sinus rhythm with a sinus tachycardia.

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, and the left ventricular wall appears hyperechoic. 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. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.



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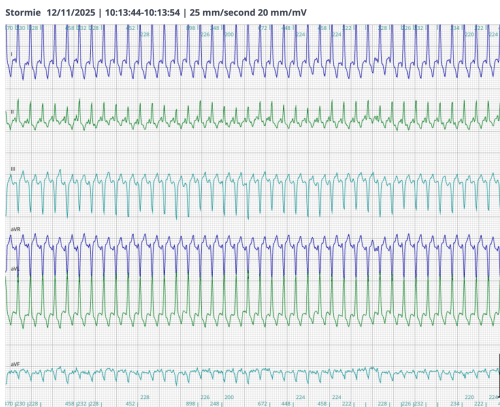
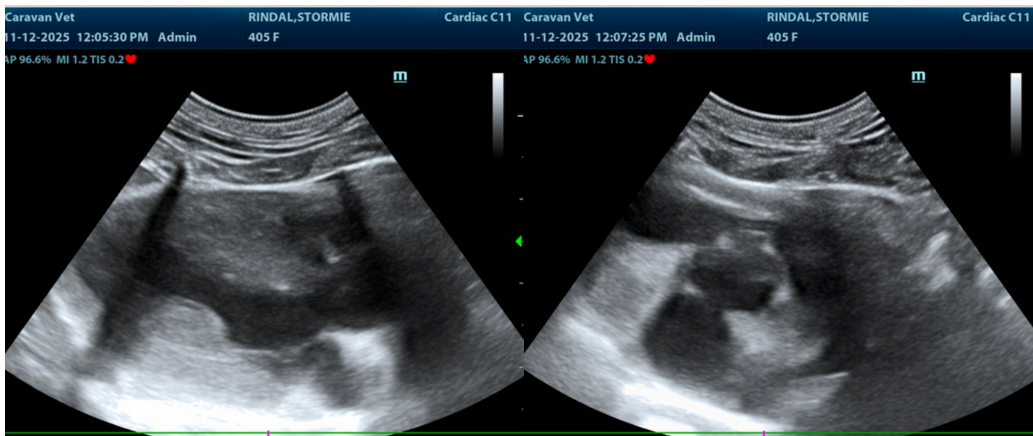
11/12/25

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic left ventricle
- Left ventricular concentric hypertrophy
- Normal left atrial size
- Sinus rhythm with a sinus tachycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has left ventricular concentric hypertrophy. Given the age, there is concern for juvenile onset of hypertrophic cardiomyopathy. Given the elevated proBNP, normal blood pressure, and assumption that the patient is euthyroid given the age, primary heart disease is considered more likely, however, other infectious diseases can't be ruled out. If the patient is indoor/outdoor or has a history of having fleas or an unknown medical history, can consider feline infectious disease testing. Typically, I recommend the full infectious disease panel submitted to NCSU Vector Borne Disease Lab; It includes PCR and serology. No cardiac therapies are recommended at this time and a recheck echo is recommended in 6 months, sooner if the patient is developing cardiovascular clinical signs, or develops a heart murmur.





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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