



PATIENT

Isis Quinn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 4 Months

WEIGHT

12 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

HoHoKus VH

REFERRING VET

Dr. Alipui

INVOICE

35500

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Episode of collapse 11/3/25, hypertensive, Hx of HCM, Gallop rhythm, hypertension, weight loss. meds: had been getting compounded Propranolol/ enalapril mix; stopped 11/3 Began amlodipine 1.25 mg q24 approx. 11/5/25.

Abnormal PE/Chem/CBC/UA Results: Cre 2.3, Doppler BP 220 prior to Amlodipine. Last echo 11/5/24.

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	0.53	1.3	0.7	50.76	--
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	--	1.95	--		1.36	~2.0	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: 0.64, MR VMAX: ~5.0

Cardiac Presentation

The left atrium is severely enlarged. The mitral valve leaflets are normal and there is mild 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 have normal morphology. There is no aortic insufficiency. There is mild pulmonic insufficiency. Aortic outflow velocities are normal. Pulmonic outflow velocities are mildly increased and suggestive of a dynamic right ventricular outflow tract obstruction. 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
- Severe left atrial enlargement



PATIENT

Isis Quinn

- Mitral regurgitation
- Pulmonic insufficiency
- Dynamic right ventricular outflow tract obstruction

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 4 Months

WEIGHT

12 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

HoHoKus VH

REFERRING VET

Dr. Alipui

INVOICE

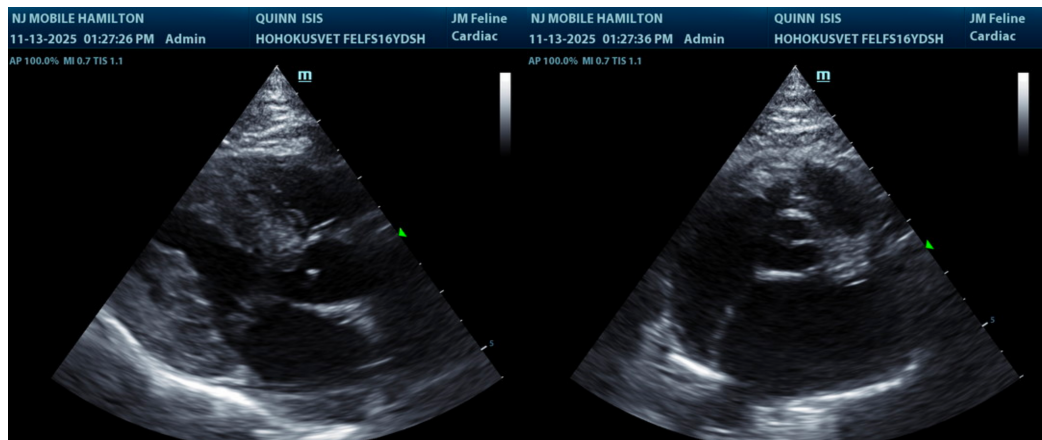
35500

DATE

11/13/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has significant changes to the heart. Given the episode of collapse and the history of systemic hypertension, there is an increased concern for a hypertensive crisis. The concentric hypertrophy may be secondary to systemic hypertension, causing an HCM phenotype. I also recommend ensuring the patient is normotensive. Recommend starting clopidogrel (18.75 mg once daily) due to the left atrial enlargement. It is possible that the severity of the left atrial size will improve once the blood pressure is better controlled. There has been significant progression in the left atrial size and posterior wall dimensions since the previous echocardiogram performed. Propranolol therapy does not appear to be indicated for this patient, and I do not recommend further administration. If the patient has already been stopped, it does not need to be restarted, however, if the patient is still receiving propranolol, recommend a gradual taper, as this therapy should not be stopped abruptly. Given the blood pressure, I recommend increasing the amlodipine to twice daily and rechecking the blood pressure in about a week; once the blood pressure is normal, reassessing kidney values, reassessing urine, getting a UPC as well, and following ACVIM guidelines for systemic hypertension. Recheck echo is recommended in 3-4 months, once the blood pressure is well controlled, to monitor for any improvement in the measurements. If the patient's blood pressure continues to be difficult to control or has another collapse episode, recommend considering referral and emergent evaluation.



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)



PATIENT

info@SonoPath.com

Isis Quinn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 4 Months

WEIGHT

12 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

HoHoKus VH

REFERRING VET

Dr. Alipui

INVOICE

35500

DATE

11/13/25