

PATIENT

Jack Prince

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.71 kg

INTERPRETED BY

Sara Brethel,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Village Cat Clinic

REFERRING VET

Dr. Dogar

INVOICE

35386

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: QAR HR 180 with grade 2 heart murmur PMI L hemithorax in mitral valve. Clear lungs. RR 20. Moist pink mm's. CRT < 2 sec. requires anesthetic for dental procedure.

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	3.71	NM	0.47	1.4	0.42	61.42	--
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	1.32	1.13	--		1.0	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							

LVIDs: 0.54

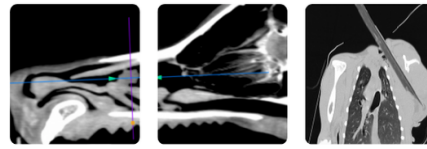
Cardiac Presentation

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 with trivial 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 dilated and potentially overridden. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Trivial tricuspid regurgitation
- Dilated aorta
- Possible overridden aorta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Jack Prince

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.71 kg

INTERPRETED BY

Sara Brethel,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Village Cat Clinic

REFERRING VET

Dr. Dogar

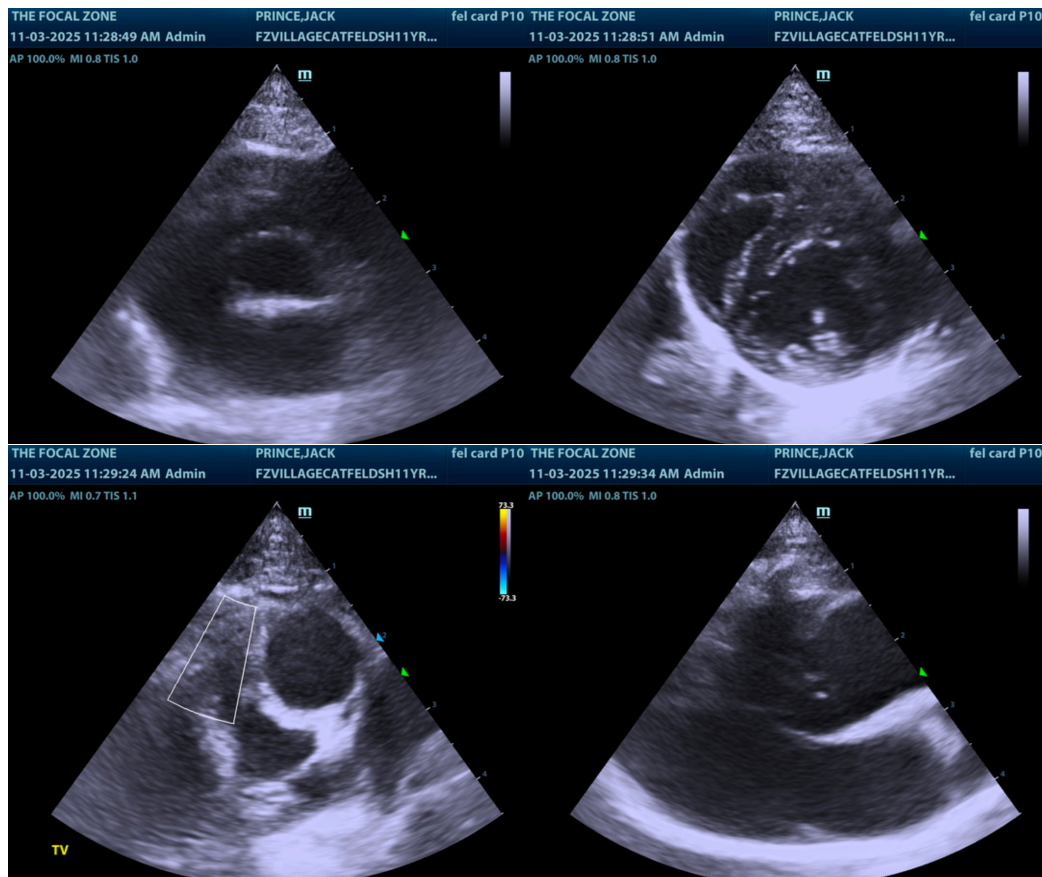
INVOICE

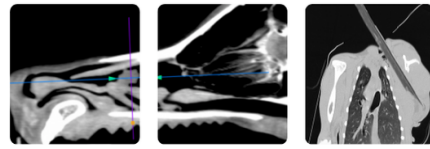
35386

DATE

11/3/25

There is trivial tricuspid regurgitation. This likely represents individual variation. The aorta appears dilated and potentially overridden. Given the patient's age, a congenital defect cannot be ruled out, however, an aspect of an overridden aorta is possible. This would be an incidental finding, and not a cause for concern. The aorta, however, appears dilated. Recommend ensuring the patient is normotensive. Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated. As long as the patient is normotensive, then he appears to be an adequate candidate for elective anesthetic procedures. Given the potential for the overridden aorta, I do recommend prophylactic antibiotics 3-5 days prior to procedures, such as clavamox or cephalexin, perioperative antibiotics, and then antibiotics 3-5 days post-procedure. This is due to potential increased risk for endocarditis when patients have abnormalities associated with the aortic valve. A recheck echocardiogram can be performed in 10-12 months, sooner if the patient is developing other cardiovascular clinical signs. 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.





PATIENT

Jack Prince

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.71 kg

INTERPRETED BY

Sara Brethel,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Village Cat Clinic

REFERRING VET

Dr. Dogar

INVOICE

35386

DATE

11/3/25

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