



PATIENT

Ivy Gallup

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

13.6 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Sabrina Russett

HOSPITAL NAME

Court Street
Veterinary Hospital

REFERRING VET

Dr. Sabrina Russett

INVOICE

12113

DATE

11/05/25

PRESENTING CLINICAL SIGNS

P presented with gr1 cardiac murmur at kitten exam 2y ago (echo / cardiac work-up declined at that time). 10/29/25 Annual exam revealed Gr3/6 cardiac murmur (no arrhythmia, femoral pulses strong & synchronous).

Abnormal PE/Chem/CBC/UA Results: 10/31/2024 labs revealed elevated CardioProBNP (146pmol/L), TT4 WNL (1.9ug/dL). O declined recheck nt-proBNP/TT4 in 2025, though 10/30/25 CBC was grossly WNL (mild lymphocytosis 6.95K/uL), Chem10 WNL; FIV/FeLV/HW NEG BP today: 125mmHg systolic (Doppler)

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	6.18	NM	0.39	1.16	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	~0.7	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 rhythm appears irregular. 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. 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. Aortic and pulmonic outflow velocities are within normal limits. 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

- Irregular rhythm.
- Mild concentric hypertrophy of the posterior wall.
- Normal left atrial size.



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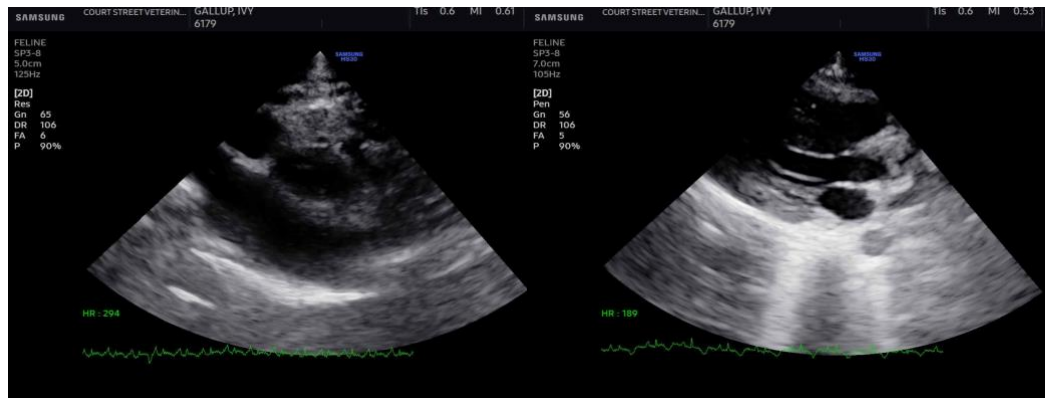
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The are periods where the patient's rhythm appear to be a sinus tachycardia, however, there are periods of an APC and suspect VPC as well. Recommend obtaining a 6 lead ECG on the patient for further clarification and evaluation of the heart rate and rhythm. 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. If anesthesia is needed, as long as the patient's rhythm is normal then elective anesthetic procedures should be well tolerated. 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.



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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