



PATIENT

Brill Kitty Flannery

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

35895

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: New heart murmur on exam in November of this year - grade 4/6 parasternal. Cardiac work up to evaluate if underlying heart disease, if HCM - is he a candidate for Felcyn. Stable, historical CKD.

Abnormal PE/Chem/CBC/UA Results: Blood pressure 140 systolic Crea 2.8, BUN 39, SDMA 21, USG 1.014 Tt 2 BNP 84.

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	4.18	NM	0.56	1.1	0.6	60	--
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	--	0.64	--		NM	Underest	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: 0.44

ECG Interpretation

Normal sinus rhythm.

Cardiac Presentations

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 equivocal concentric hypertrophy of the interventricular septum, and a focal septal bulge. 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. Pulmonic outflow velocities display a dynamic right ventricular outflow tract obstruction. Aortic outflow velocities are not assessed. The aorta is prominent in long and short axis. The PA is normal, along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS



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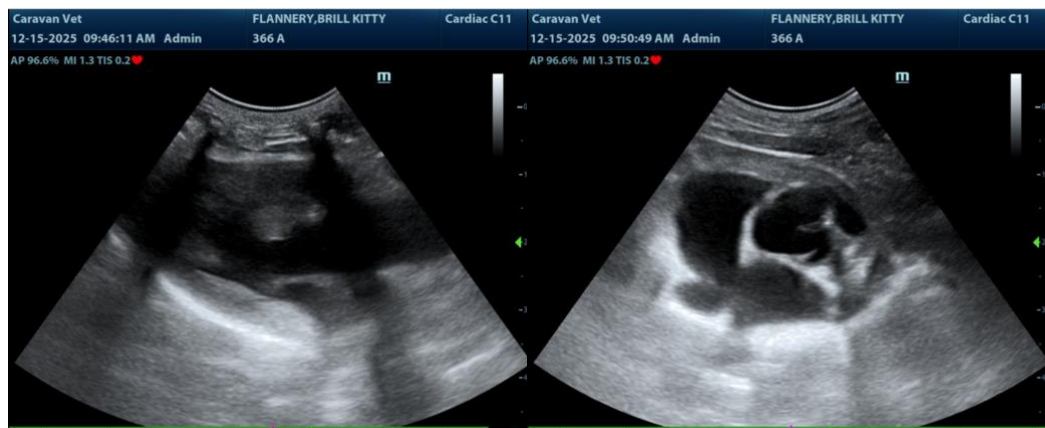
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- Equivocal concentric hypertrophy with a focal septal bulge
- Normal left atrial size
- Prominent to enlarged aorta
- Dynamic right ventricular outflow tract obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's murmur is from a dynamic right ventricular outflow tract obstruction. There are equivocal concentric hypertrophy and a focal septal bulge. Given these findings, I do not recommend starting Felycin at this time, however, this therapy may be considered in the future. The appearance of the aorta and the patient's history of azotemia is concerning for underlying systemic hypertension; however, the reported blood pressures are within normal limits. Recommend close monitoring of this value to ensure hypertension is not developing. A recheck echocardiogram is recommended in 6-9 months, sooner if other cardiovascular clinical signs are developing. If anesthesia is needed, the patient appears to be an adequate candidate. 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)

info@SonoPath.com



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