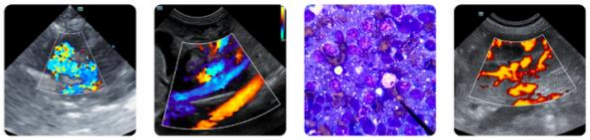


PATIENT

Kitty Booboo Hunley

SPECIES

Feline

BREED

Turkish Angora

SEX

Neutered Male

AGE

14 Years

WEIGHT

10.7 Pounds

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ryan Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Cecelia Dean

INVOICE

35894

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Pt presents for echocardiogram prior to anesthesia for nasal mass. Mass is visible externally and causing deformation of hard palate. Pt has history of HCM (originally diagnosed in 2015, most recent echo report attached). Elevated ProBNP on most recent labwork (quantitative). Problem List: Nasal mass + epistaxis on opposite nostril (suspect eroded through septum) HCM - most recent echo 2023 Chronic ocular discharge Dental Dz Suspect CKD.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 6/9, moderate matting around caudodorsum; Pink mass present within right nare. ~1.5x1cm intraoral distension of rostral hard palate at level of nares. Stertor and mild serous nasal discharge.; moderate dried serous crusting OU; Grade 3/6 sternal systolic heart murmur; Marked calculus and moderate gingivitis and gingival recession BW: CBC: Mono 0.7k (H), Eos 2.5k (H), remainder WNL Chem: Creat 2.0, SDMA 16, BUN 34 UA: Not performed T4: 2.1 BP: 130 (doppler).

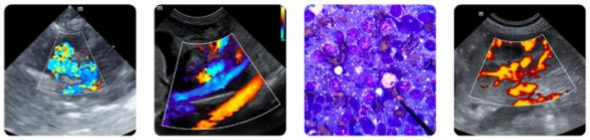
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	4.86	NM	0.52	1.44	0.43	62.5	--
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	--	1.4	1.6		Underest	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: 0.54

Cardiac Presentation

The left atrium is mildly enlarged primarily in long axis images. The mitral valve leaflets are normal and there is trivial mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve. A left ventricular outflow tract obstruction cannot be assessed. The left ventricle is diffusely hyperechoic; wall measurements are within normal limits. The papillary muscles appear hypertrophied, and there is end cavity systolic obliteration. 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. There is trace aortic insufficiency. Pulmonic outflow velocity suggests a dynamic right ventricular outflow tract obstruction. The aorta



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and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic left ventricle
- Hypertrophy of papillary muscles
- Mild left atrial enlargement
- Mitral regurgitation
- Dynamic right ventricular outflow tract obstruction
- Trace aortic insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have mild changes associated with the left ventricle. There continues to be mild left atrial enlargement. There is thinning of the left ventricular walls when compared to the previous echo performed. The wall measurements are now within normal limits; however, the papillary muscles remain hypertrophied. Scarring and fibrosis is not uncommon in these patients.

Given the clinical history and the need for anesthesia, and the epistaxis described, recommend stopping clopidogrel, as this will increase the chances of the nasal tumor bleeding. There is a mild risk for cardiac complications given the left atrial size, however, there is larger concern with the nasal mass. Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.

Once the patient has healed and is recovered from the nasal mass, if removal is possible, recommend moving forward with restarting the clopidogrel. However, if the epistaxis continues, and the mass cannot be removed, I do not recommend restarting clopidogrel therapy.

Recheck echocardiogram is recommended in 4-6 months, especially with the scarring and fibrosis present.

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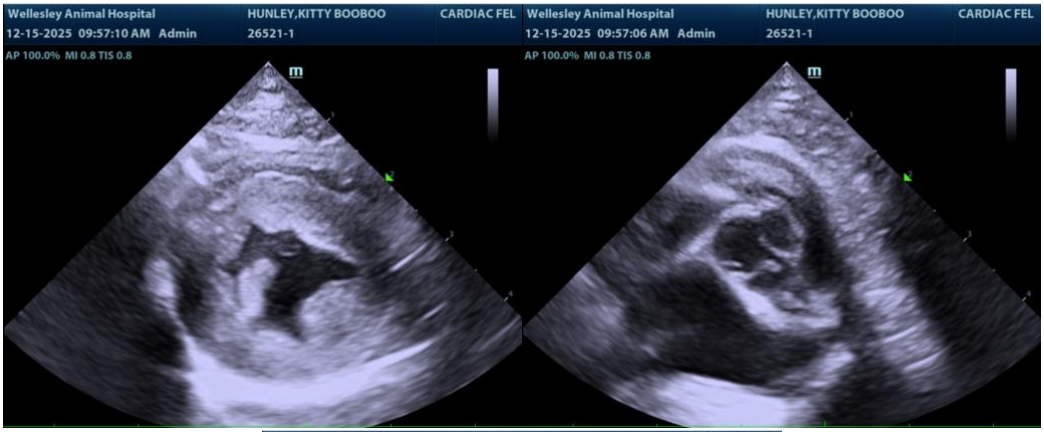

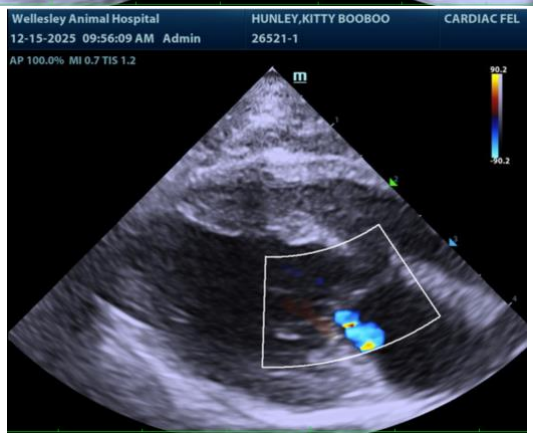

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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