



PATIENT

Cora Bradley

SPECIES

Feline

BREED

DMH

SEX

Intact Female

AGE

~9 Months

WEIGHT

5.4 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr. Blouin

INVOICE

35965

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: - 9-21-25 Cora was rescued from a house fire by one of our technicians, along with 9 other siblings of various ages - She was much smaller than her 2 other siblings from the same litter - She has a V/VI heart murmur - 9-24-25 FELV/FIV neg/neg - 9-24-25 RAD: one view We are interested in investigating her underlying heart condition and stunted growth - she is a charity case ABNORMAL Labwork Values None Current Medications None Notes to Specialist (if any) We need to spay her.

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	2.45	NM	0.63	1.52	0.3	48.68	--
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	--	1.14	--		1.0	0.93	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: 0.78

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 measures within normal limits, however, subjectively, there appears to be left ventricular eccentric hypertrophy. There is no evidence of left ventricular concentric hypertrophy. There is normal right atrial size without 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 normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses. A congenital defect cannot be entirely ruled out at this time.

ULTRASONOGRAPHIC FINDINGS



PATIENT

- Subjective left ventricular eccentric hypertrophy

Cora Bradley

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

An obvious defect is not identified based upon the images provided, however, congenital defects, such as a VSD, an ASD, or a more complex defect, cannot be ruled out at this time. If possible, I would recommend referral to a veterinary cardiologist to further evaluate. A cause for the loud murmur is not identified on the images provided.

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If she is asymptomatic, given the left atrial size, she appears to be an adequate anesthetic 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.

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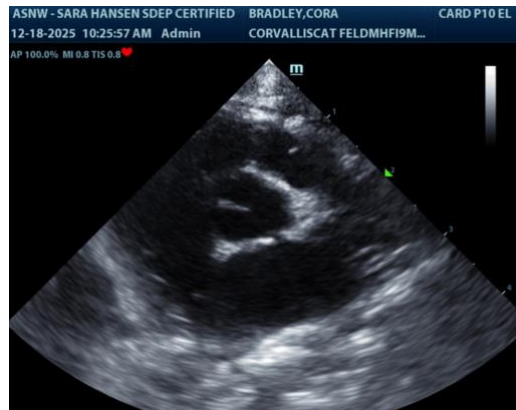
Recommend ensuring full blood work is within normal limits and nothing else could be contributing to the murmur, i.e., anemia, and also ensuring her liver values are normal and not contributing to her size. If not referring, I would recommend obtaining additional images to evaluate for an atrial septal defect, a ventricular septal defect, and a thorough evaluation of the ductal regional to ensure there is no evidence of a PDA. If no other defects are identified, would recommend a repeat echo in about 6 months.

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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.

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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.

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info@SonoPath.com



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