

**PATIENT**

Bug Schanne

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

~8 Years

**WEIGHT**

9.6 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM,  
 DACVIM

**HOSPITAL NAME**

Veterinary Dental Care

**REFERRING VET**

Dr. Suzy Shannon

**INVOICE**

35067

**DATE**

12/23/25

**PRESENTING CLINICAL SIGNS**

History: 3/6 murmur Needs dental procedure

Abnormal PE/Chem/CBC/UA Results: HCT - 24% Has fleas Chem - NSF Fecal - neg.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	4.36	NM	0.48	2.1	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/)
<b>NORMAL PARAMETER</b>	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	1.3	1.14	--		~1.5	~1.0	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							

TR VMAX: ~2.0

**Cardiac Presentation**

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 posterior left ventricular wall and the papillary muscles. There is also mild left ventricular diastolic dilation with subjectively preserved systolic function. The right atrium is normal. The tricuspid valve is normal with trivial evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves have normal morphology, both with trace evidence of insufficiency. Aortic and pulmonic outflow velocities are within normal limits. The pulmonary artery and associated branches are dilated. The aorta is normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ULTRASONOGRAPHIC FINDINGS**

- Concentric hypertrophy
- Mild diastolic dilation
- Normal left atrial size
- Trivial tricuspid regurgitation
- Trivial aortic and pulmonic insufficiency
- Dilated pulmonary artery



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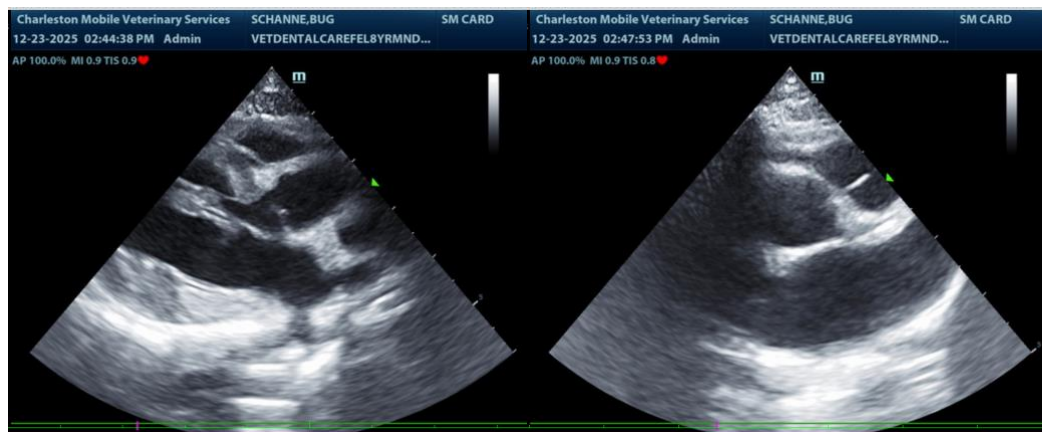
12/23/25

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has concentric hypertrophy with normal left atrial size and mild diastolic dilation. Recommend ensuring the patient is normotensive and euthyroid. If the patient is normotensive and euthyroid, then likely the patient has underlying HCM, however, the left atrial size is normal, and no cardiac therapies are recommended. There is trivial tricuspid regurgitation, and the pulmonary artery appears prominent to mildly enlarged. With the patient's history of anemia and fleas, the anemia could also be causing the PA to be enlarged. Additionally, infectious diseases from fleas, such as bartonella, could be causing some of these echocardiographic changes. Recommend ensuring no other cause for the anemia, other than the fleas, is identified. Can consider infectious disease testing (I recommend the feline infectious disease panel, comprehensive PCR, and serology through NCSU Vector Borne Disease Lab).

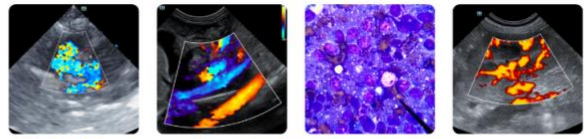
From a cardiac perspective, the patient appears to be an adequate candidate for elective procedures, however, I recommend ensuring the anemia is stable and the flea infestation has resolved prior to elective anesthesia. Judicious perioperative fluids are recommended due to the increased left atrial size. 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.

Recheck echo is recommended in 6 months, sooner if the patient is displaying other cardiovascular clinical signs or decompensating.



**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.



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