



PATIENT

Kiki Trahan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

13.16 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

INVOICE

36833

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Recheck of severe heart disease findings 05/27/25 (case #35682).
ABNORMAL Labwork Values none recent For ECHO Only: Blood Pressure pending HR/RR/BP: 180/60/pending Is there a Heart Murmur? If so, please grade. Grade 5/6 SHM Current Medications Atenolol 6.25 mg q 24 hours, Clopidogrel 18.75 mg q 24 hours, Furosemide 6.25 mg BID, Pimobendan 1.25 mg BID Radiographic Findings none recent Notes to Specialist (if any) Primary question to be answered: progression and medication recommendations.

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	3.35	NM	0.89	1.66	0.81	--	--
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	2.98	2.12	--		1.0	0.9	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							

MR VMAX: 3.92

ECG Interpretation

Sinus rhythm with isolated monomorphic ventricular premature complexes.

Cardiac Presentation

The left atrium is severely enlarged and stable when compared to the previous echocardiogram performed. The mitral valve leaflets are normal and there is mild mitral regurgitation. There is evidence of systolic anterior motion of the mitral valve. A left ventricular outflow tract obstruction is not identified in the images provided. There is persistent concentric hypertrophy of the left ventricle. The posterior wall is progressive when compared to the previous echo performed. The interventricular septum appears to have mildly reduced values. 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. There is scant pericardial effusion. No evidence of an intracardiac mass.



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ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy, stage C
- Mitral regurgitation
- Systolic anterior motion of the mitral valve
- No evidence of left ventricular outflow tract obstruction
- Progressive concentric hypertrophy of the posterior wall
- Thinning of the interventricular septum
- Scant pericardial effusion
- Ventricular premature complexes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have severe underlying cardiac disease. The reported resting respiratory rates are within normal limits. If the patient is clinically doing well, no adjustments to diuretic therapy, pimobendan, clopidogrel, or atenolol are recommended.

At this time, while there are VPCs, if the patient remains asymptomatic and these are not displaying evidence of complexity, no additional antiarrhythmic therapy is recommended.

There is evidence of thinning of the interventricular septum. This does represent scarring and fibrosis that occurs. Can consider the addition of an ace inhibitor, per the previous recommendations, at a dose of 0.5 mg/kg once daily. After starting ace inhibition, checking the kidney values is recommended in 2-3 weeks, along with the patient's blood pressure. Recommend ensuring blood work is within normal limits and kidney values and electrolytes should at least be assessed every 4-6 months while the patient is on these therapies.

If there is any change in breathing rates, recommend obtaining chest radiographs and evaluating for any evidence of pleural effusion. There does remain scant pericardial effusion, but in the absence of other active congestive heart failure signs, diuretic adjustments are not recommended.

The patient does continue to be at a high risk of passing away suddenly. Complication can include arrhythmias, worsening congestive heart failure, and a thromboembolic event. There is no evidence of thrombus on today's evaluation.

Can consider a recheck echo in another 6 months, sooner if the patient is decompensating or developing worsening cardiovascular clinical signs.

The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing then chest radiographs are recommended.



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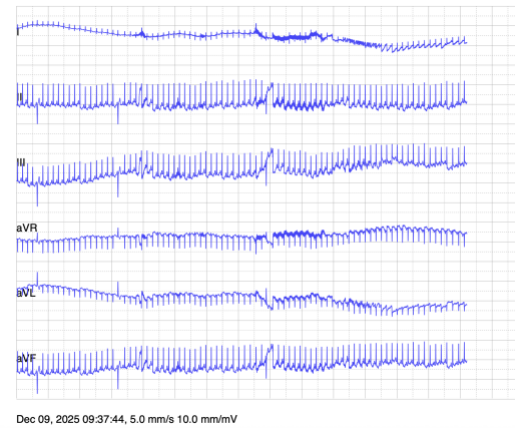
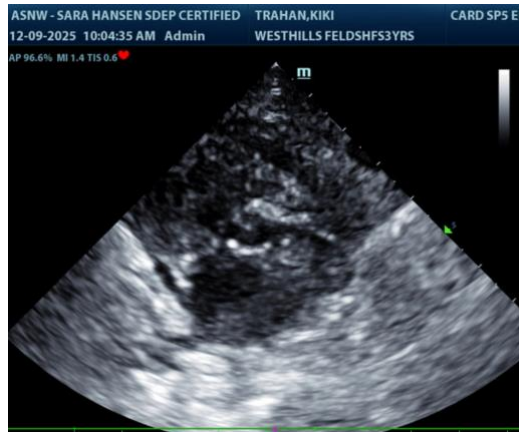
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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