

PATIENT

Rasputin Ferris

SPECIES

Feline

BREED

Ocicat

SEX

Neutered Male

AGE

9 Years

WEIGHT

13.5 pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills Animal
 Hospital

REFERRING VET

Dr. Cole

INVOICE

13719

DATE

02/12/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Gallup rhythm most pronounced right parasternal with grade 2-3 systolic murmur heard at time of pre-dental exam. Doppler BP 130.
- ABNORMAL Labwork Values: Lab work was largely unremarkable. T4 in grey zone. FreeT4/TSH through MSU pending. ProBNP WNL.
- For ECHO Only: Blood Pressure: 140
- HR/RR/BP: 170/40/140
- Is there a Heart Murmur? If so, please grade: grade 2-3 systolic murmur
- Current Medications: Gabapentin
- Notes to Specialist (if any): Primary question to be answered: Baseline echo. Investigate for HCM with possible obstructive component. Investigate for emergent hyperthyroid as contributing factor.

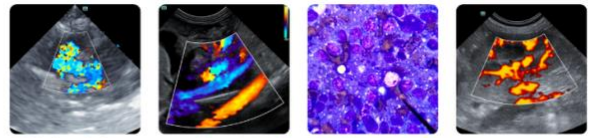
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	6.14	NM	0.55	1.2	0.43	--	--
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	--	1.0	--		0.66	0.5	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							

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 is within normal limits. There is equivocal thickening of the intraventricular septum. 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.

ECG



PATIENT

Rasputin Ferris

The ECG is difficult to interpret due to the size of the complexes. From what is visible, the dominant rhythm appears to be sinus. There is one section that is concerning for an isolated ventricular premature complex, however, an escape complex can also not be ruled out.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Equivocal thickening of the intraventricular septum.
- Possible ventricular premature complex versus escape.

BREED

Ocicat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart measure is normal, however, the interventricular septum is in a gray zone, meaning it's greater than 5 millimeters, but less than 6 millimeters. No therapies are indicated at this time. These findings may be secondary to underlying hyperthyroidism. Serial monitoring is recommended.

SEX

Neutered Male

A recheck echo should be performed in 10 to 12 months. The cause of the murmur is an innocent heart murmur, and no obstructive process is identified. 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.

AGE

9 Years

WEIGHT

13.5 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

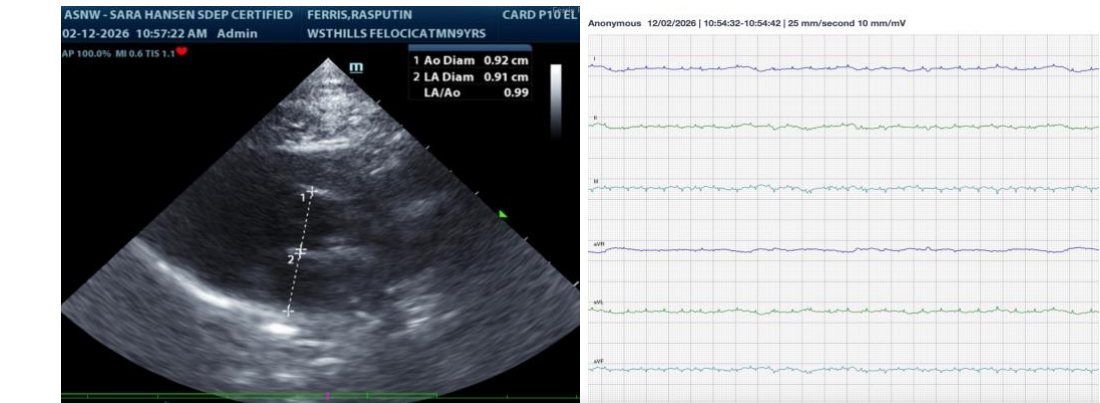
Sara Hansen

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Cole



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.

INVOICE

13719

Sara Brethel, DVM, DACVIM (Cardiology)

info@SonoPath.com

DATE

02/12/26