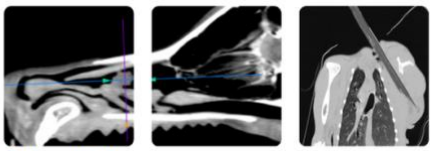

PATIENT

Rogie Chandler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

6.15 kg

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Holliday VH

REFERRING VET

Dr. Minardi

INVOICE

35880

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- QAR, friendly patient
- Historically overweight. Progressive weight loss has been noted since August 2025 (approximately 2 bs) despite a normal appetite.
- Diagnosed with Feline Hyperthyroidism in 2021 - controlled at this time.
- Grade II/VI left-sided systolic HM noted - no evident cardiac signs at this time. Some increased bronchovesicular lung sounds noted
- Abdominal palpation is non-diagnostic due to excessive abdominal fat
- Bilateral suspected stifle OA/DJD
- Advanced lenticular sclerosis - some visual deficits OU.
- Current Medications: Methimazole 2.5mg PO BID, Gabapentin 25mg Tablet PO BID for pain relief, will receive a double dose of Gaba (50mg) 2 hours prior to the U/S
- Primary Question to Be Answered in This Exam: O is concerned primarily about possible abdominal neoplasia or primary GI illness that could explain the recent weight loss. Any masses? The murmur has also slightly progressed from Grade I to II since the summer- O concerned for progressive cardiac disease and would like to know if any medications are warranted at this time.

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	6.15	194	0.53	1.4	0.57	42.85	--
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	1.5	1.24	--		0.86	1.6	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: 0.8

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Cardiac Presentation

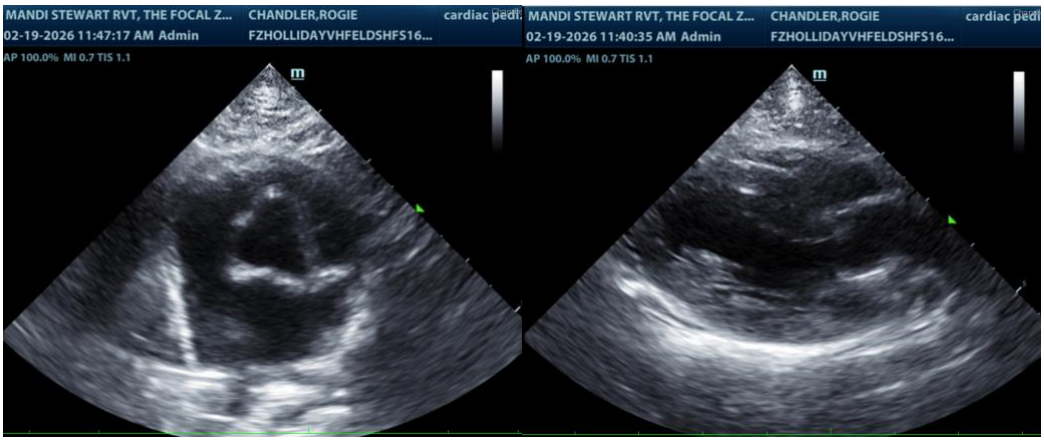
The mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is equivocal 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 aortic corresponding outflow velocities are normal. There is evidence of a dynamic right ventricular outflow tract obstruction. 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.

ULTRASONOGRAPHIC FINDINGS

- Equivocal concentric hypertrophy
- Normal left atrial size
- Dynamic right ventricular outflow tract obstruction

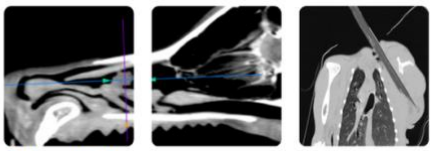
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart measures within normal limits. The dynamic right ventricular outflow tract obstruction is benign. There are equivocal changes to the left ventricular wall, and a recheck echo is recommended in 10-12 months, sooner if the patient is developing cardiovascular clinical signs. Recommend ensuring the patient is normotensive. The weight loss does not appear to be cardiac in origin.



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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info@SonoPath.com

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