



PATIENT

Shadow Urmson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

13 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Kairis

INVOICE

35673

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Trembling/twitching - R/O dyskenesis vs other, Hypertension, Hyperthyroid
- Cardiac murmur - not appreciated today 1/29/26
- ABNORMAL Labwork Values: 1/25/2026 - chem17/CBC at EVH: inflammatory leukogram, CI 132, GGT 11, peripheral lactate 1.1, lactate in L forelimb 3.1, normal proBNP followed by abnormal proBNP
- For ECHO Only: Blood Pressure: 1/26/26: p in L sternal: 150, 150, 145, 142. avg 147mm Hg RH #2 doppler
- HR/RR/BP: 1/25/26 @ EVH: 238, 238, 240 RH 1/26/26: p in L sternal: 150, 150, 145, 142. avg 147mm Hg RH #2 doppler
- Is there a Heart Murmur? If so, please grade: transient? not appreciated by GP on 1/29/26
- Current Medications: amlodipine, clopidogrel, hx hyperT4 methimazole

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	5.9	NM	0.6	1.6	0.61	60	NM
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	--		NM	1.35	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: 0.64

ECG Interpretation

Normal sinus rhythm

Cardiac Presentation



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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 left ventricle. 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, pericardial effusion, or intracardiac masses.

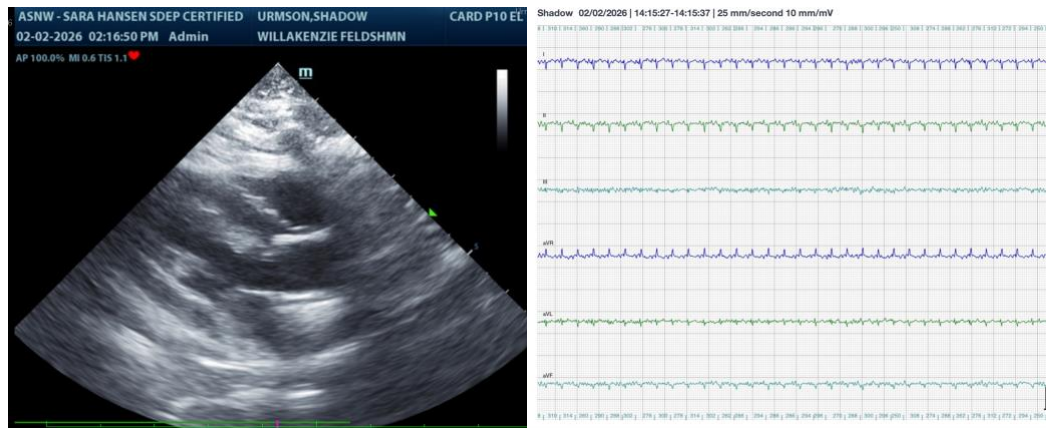
ULTRASONOGRAPHIC FINDINGS

- Left ventricular concentric hypertrophy
- Normal left atrial size

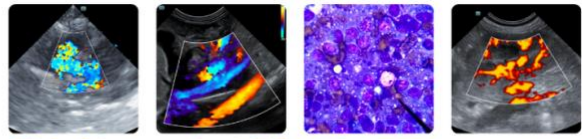
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has left ventricular concentric hypertrophy. If the systemic hypertension and/or the hyperthyroidism is not controlled, both of these conditions can cause the thickening to the left ventricle. Additionally, if they've not been controlled for at least 2-3 months, the heart still needs time to remodel to return back to normal. I recommend following ACVIM guidelines for systemic hypertension, as well as obtaining the blood pressures. No cardiac medications are recommended and a recheck echo is recommended in 6 months.

If anesthesia is needed, it should be well tolerated, as long as the patient is normotensive. 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.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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)

info@SonoPath.com