

PATIENT

Ginger C2536 Animals
in Distress

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 8 Months

WEIGHT

17.04 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Renee Ziegler Post

HOSPITAL NAME

For Cats Only
Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

13564

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- Previous cardiology report June 2025 stated mildly progressed left ventricular concentric hypertrophy with normal and static left atrial size (stage B1)

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 | 7.74 | NM | 0.54 | 1.45 | 0.46 | 33.79 | |
| 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 | NM | 1.7 | -- | | NM | NM | 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 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. Left ventricular walls measure on the upper limits of normal to equivocally hypertrophied. 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. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion. There is possible scant pericardial effusion. No evidence of intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Equivocal concentric hypertrophy.
- Normal left atrial size.
- Possible scant pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has equivocal changes to the left ventricular walls. The previous report is not available for review. No cardiac therapies are recommended. The left atrial size remains normal. There is potential scant pericardial effusion, however, imaging artifact cannot be rolled out. The pericardial effusion, if present, can be physiologic. A cardiac cause is not identified. Consider fast scanning the patient in



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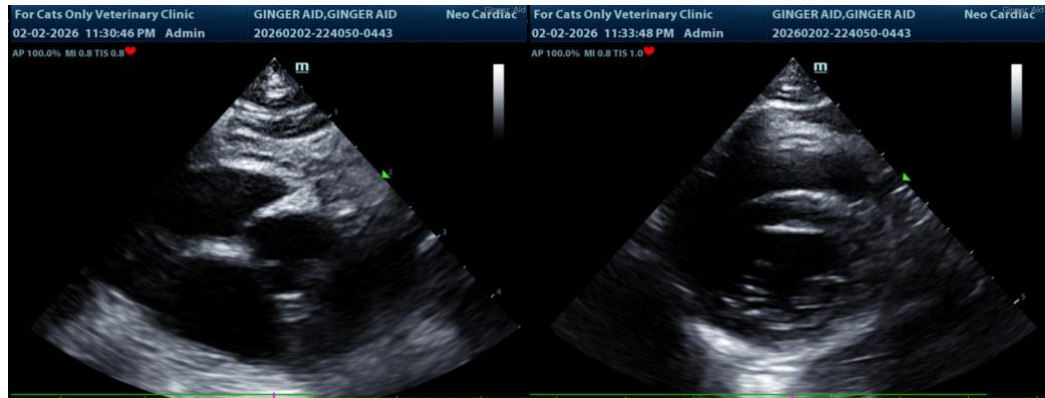
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three to four months to assess for any continued pericardial effusion. Recheck echo in six to nine months.

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. Recommend ensuring the patient is normotensive and euthyroid.



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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