



## PATIENT

Kronos Capistrant

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

3 Years

## WEIGHT

15.48 pounds

## INTERPRETED BY

Sara Brethel, DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Andrea Nason

## HOSPITAL NAME

Caravan Vet

## REFERRING VET

Dr. Andrea Nason

## INVOICE

13554

## DATE

02/03/26

## PRESENTING CLINICAL SIGNS

- Kronos had a mildly elevated ProBNP on his wellness exam ~ 1 year ago. He had an echocardiogram via SonoPath that showed Left ventricular hypertrophy with normal atrial size. Repeat echocardiogram to evaluate for any progression, to see if Kronos could be a candidate for Felycin-CA1, and to assess for anesthesia for a broken tooth extraction.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem WNL (Crea 1.4), UA WNL (USG 1.041) T4 1.7  
Blood pressure 170 systolic (was 150 last year)

## 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	7.04	NM	0.74	1.53	0.62	49	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	NM	1.13	--		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							

## Chest Radiographs

There is mild left sided cardiomegaly without evidence of cardiogenic pulmonary edema.

## 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. 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. 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.

## ECG

Sinus rhythm of the left anterior fascicular block.

## ULTRASONOGRAPHIC FINDINGS



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- Left ventricular concentric hypertrophy.
- Normal left atrial size.
- Elevated blood pressure.
- Left anterior fascicular block.

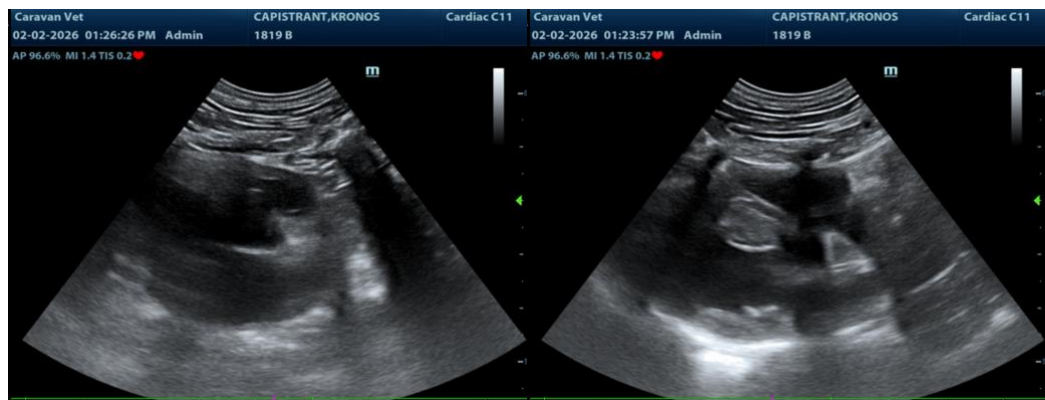
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left anterior fascicular block is likely due to the underlying concentric hypertrophy of the left ventricle. The rhythm remains sinus and no therapy is indicated at this time. The blood pressure reported is increased and it's recommended to ensure this value does not represent systemic hypertension. Recommend following ACVIM guidelines for systemic hypertension and treating if indicated with either ace inhibitors, amlodipine, or a combination of the two therapies.

The patient continues to have concentric hypertrophy of the posterior wall within a normal left atrial size. Providing the patient doesn't have any concerns for becoming a diabetic, any abnormal liver values and the blood pressure is normal, the patient could potentially start therapy with Felycin CA1.

The HALT study is ongoing at this time, and the results of the HALT study will help determine if Felycin is the best option moving forward in preclinical cats with hypertrophic cardiomyopathy. You can also consider reaching out to a facility, enrolling in the HALT study and enrolling the patient. Recheck echo is recommended in 10 to 12 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 providing that the patient is normotensive.



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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