



PATIENT

Oliver Pettingill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

13.1 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

13553

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- First echo in July 2024 with a cardiologist and was diagnosed with low volume mitral regurgitation, moderate volume tricuspid regurg, trace volume aortic and pulmonic. MEA shift: LAFB to rightward shift. Recheck echo with SonoPath in May of 2025 - ECG sinus, chest rads WNL, left ventricular hypertrophy stage B1. This patient has a history of hypertension, controlled with amlodipine 0.625 mg SID. Recheck echocardiogram for monitoring for progression and to evaluate prior to anesthesia for a dental cleaning. Chest rads and ECG attached.

Abnormal PE/Chem/CBC/UA Results: SDMA 37, Crea 2.3, BUN 52, P 4.9, K 3.6 Blood pressure: 170 systolic

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	5.95	NM	0.5	1.6	0.69	58.75	--
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	1.02	--		NM	~1.5	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							

Chest Radiographs

The cardiac silhouette is normal. The aorta is prominent to enlarged, The pulmonary vasculature is normal. There is no evidence of cardiogenic pulmonary edema.

Cardiac Presentation

The left atrium is within normal limits. The mitral valve leaflets are normal and there is trace 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.



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ECG

Sinus rhythm with rare isolated ventricular premature complexes.

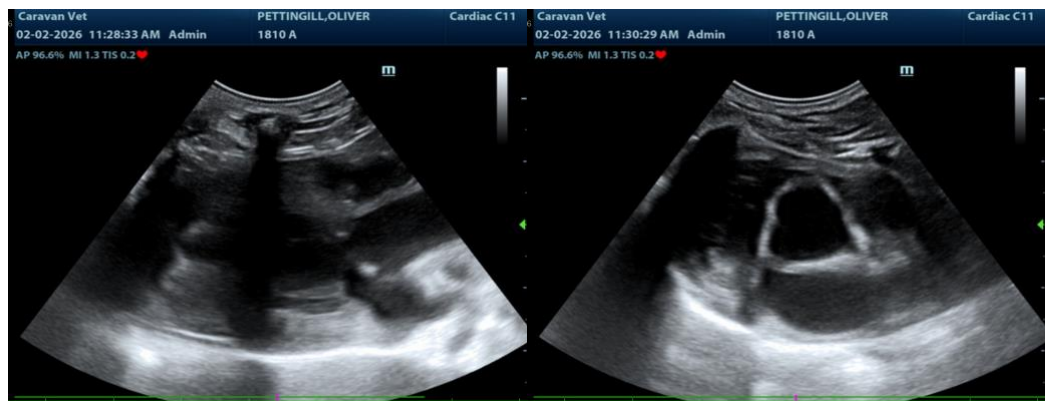
ULTRASONOGRAPHIC FINDINGS

- Left ventricular concentric hypertrophy.
- Normal left atrial size.
- Ventricular premature complexes.
- Prominent aorta.
- Historic systemic hypertension.
- Trace mitral regurgitation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have concentric hypertrophy, primarily of the posterior wall. The left atrium remains normal. No cardiac medications are recommended. There are occasional VPCs present. The patient is having ventricular premature complexes or VPCs. Sometimes these can be seen with primary heart disease in dogs and cats. Other diseases that can cause these abnormal heart beats include diseases of the liver or spleen, infectious tick borne diseases, endocrine disorders, or sometimes they can be brought about by anxiety.

No therapy is needed for these arrhythmias at this point in time. The patient is reported to be hypertensive. Recommend monitoring the blood pressure according to ACVIM systemic hypertension guidelines. Recheck echo in 10 to 12 months. Recheck ECG in 6 months. Can also consider a Holter monitor for the patient. The mitral regurgitation remains clinically insignificant at this time.





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Oliver pettingill 02/02/2026 | 11:48:43-11:48:52 | 25 mm/second 20 mm/mV



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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