



PATIENT

Duncan Martinetti

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 4 Months

WEIGHT

Not Provided

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newbridge Vets

REFERRING VET

Dr. Glennon

INVOICE

35699

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Open mouth breathing, R/O asthma vs heart dz
- Meds: furosemide 12.5 1/2 bid convenia inj.

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	--	208	0.43	1.6	0.56	53.75	--
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	1.33	1.2	NM		~1.0	~1.0	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: 0.74

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 no 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 corresponding outflow velocities are within normal limits. 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. There is trace pericardial effusion. An intracardiac mass is not identified.

ULTRASONOGRAPHIC FINDINGS

- Trace pericardial effusion (non-cardiac)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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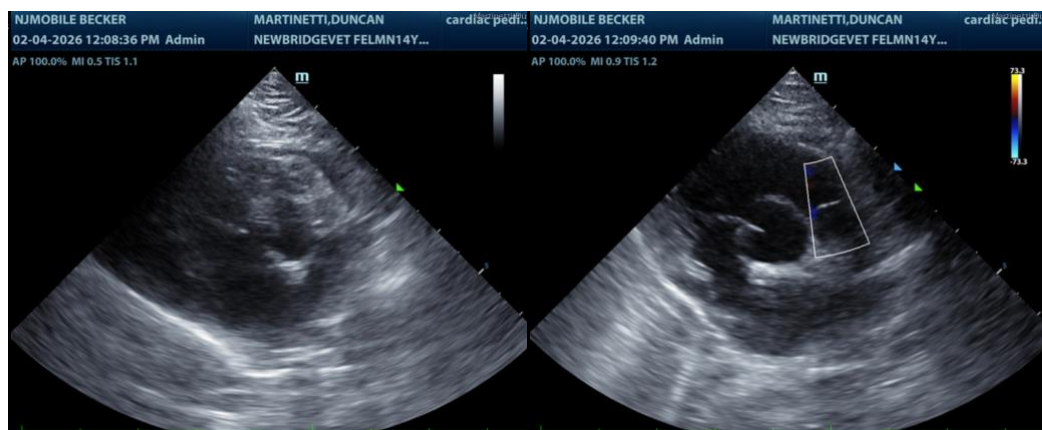
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The patient's heart is structurally normal on the images provided, and the recent episode of open mouth breathing is suspected to be primarily respiratory related, as opposed to cardiac. No cardiac medications are recommended at this time, and I recommend stopping the current furosemide therapy. Chest radiographs are recommended to help further investigate any underlying pulmonary pathology. Recheck echocardiogram can be performed in 10-12 months. While the heart is within normal limits, heart disease can develop over time. Any time steroid therapy is started, if indicated in this cat, I always recommend advising clients to monitor breathing rates for any potential of developing congestive heart failure. I consider this a less likely complication, given the patient's echo findings.



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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