

PATIENT

Melo Vanrootselaar

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.1 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Southside AC London

REFERRING VET

Dr. O'Brien

INVOICE

13608

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: grade III/VI systolic murmur audible both sides, history of episodes of panting (approx 2 weeks)
- Current Medications: Atenolol

Abnormal PE/Chem/CBC/UA Results: thrombocytosis 528, 100 - 440 x10⁹/L proBNP elevated 241, 0 - 100 pmol/L TT4 52.2 Radiographic Findings Possible cardiomegaly, increased sternal contact, no evidence pulmonary edema, pleural disease or pulmonary lesions, lungs appear hyperinflated Primary Question to Be Answered in This Exam Investigate cardiac disease as possible cause for respiratory episodes given elevated proBNP

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	MR (m/s)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	
PATIENT	5.1	151	0.60	1.17	0.67	42.73	~5.0
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	1.43	1.3	1.5		1.0	1.27	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

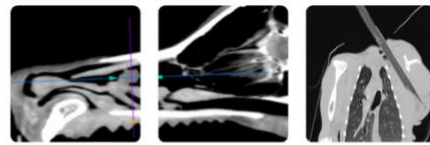
Cardiac Presentation

The left atrium is within normal limits. The mitral valve leaflets are normal and there is mild evidence of 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 have normal morphology and there is mild to moderate pulmonic 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.

ECG

Sinus rhythm.



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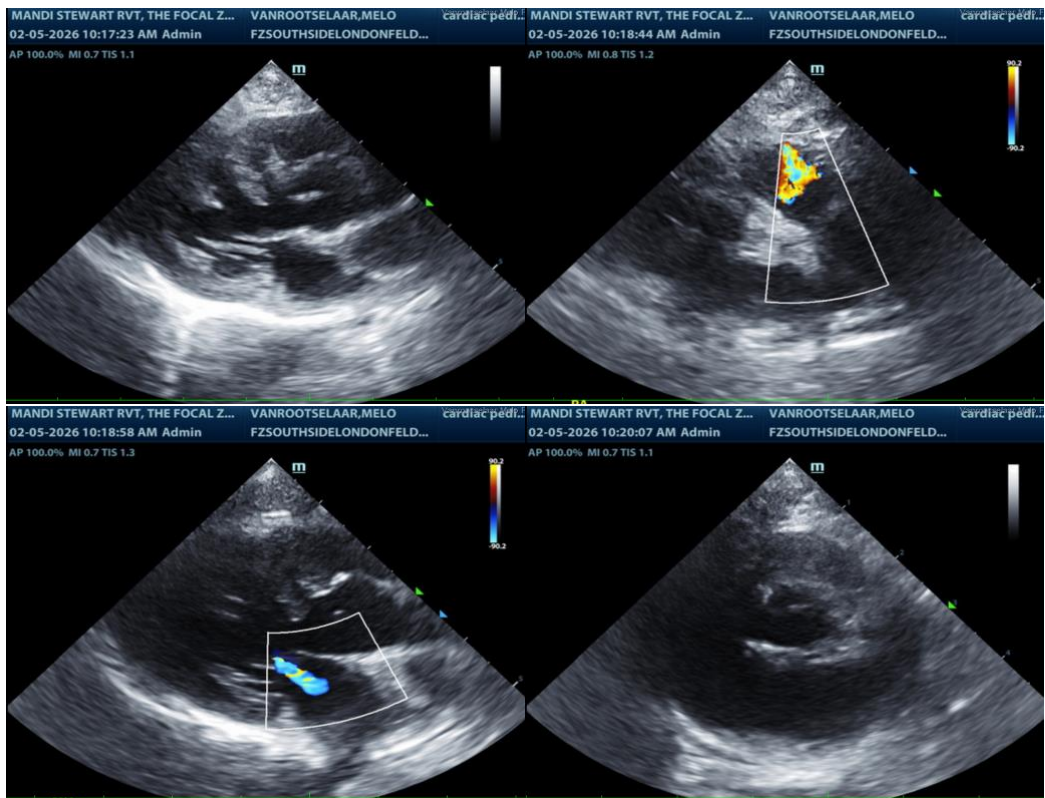
ULTRASONOGRAPHIC FINDINGS

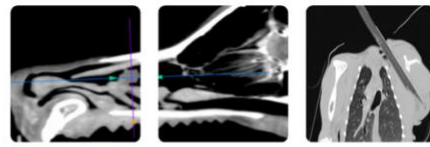
- Mild to moderate pulmonic insufficiency.
- Left ventricular concentric hypertrophy.
- Mitral regurgitation.
- Normal left atrial size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has evidence of left ventricular concentric hypertrophy. The left atrium is normal. It is unknown why the patient is on atenolol. If there is a previous outflow tract obstruction identified, recommend ensuring the patient is normotensive and euthyroid. If the patient tolerates the atenolol therapy, they can remain on this.

The cause of the open mouth breathing is not known. The left atrial size is within normal limits and the reported chest radiographs did not show evidence of cardiogenic pulmonary edema or pleural effusion (images not provided for review). A recheck echocardiogram is recommended in 6 months, sooner if the patient is developing cardiovascular clinical signs.





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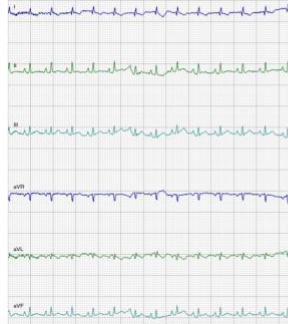
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Melo 05/02/2026 | 10:23:24-10:23:34 | 25 mm/second 10 mm/mV



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)

info@SonoPath.com