



PATIENT

Cookie Ferry

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8

WEIGHT

8.8 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Wong

INVOICE

13637

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Appetite has been decreased; had episode of falling over and holding up right front paw temporarily; littermate showed similar signs and passed away about 6 weeks later
- _BAR; grade IV/VI systolic, left sided heart murmur; moderate dental calculus_
- Appetite: _decreased_
- Was the pet sedated for any part of this study? _No_
- Pulse: _230_ RR: _50_ mm: _pink_ Pulse Quality: _fast; strong_
- Change in BCS: _Yes; losing weight_ Attitude/Demeanor: _BAR_

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	4.0	NM	0.75	1.26	0.58	60.32	--
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	MR (m/s)		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6			<1.6	<1.3	40-60
PATIENT	1.43	1.43	~6.0		~4.0	~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

Cardiac Presentation

The mitral valve leaflets are normal and there is mild mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is within normal limits. Left ventricular systolic function appears preserved. Left ventricular diastolic dimensions are within normal limits. There is evidence of systolic anterior motion of the mitral valve and there is a discrete step up in velocities through the left ventricular outflow tract. There is evidence of a kissing lesion at the level of SAM and the left ventricular myocardium appears hyperechoic in some regions. Left ventricular walls measure hypertrophied. 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, pericardial effusion, or intracardiac masses.

EKG



PATIENT

The provided electrocardiogram shows a normal sinus rhythm, and an arrhythmia is not identified.

Cookie Ferry

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Left ventricular concentric hypertrophy.
- Normal left atrial size.
- Left ventricular outflow tract obstruction (subclinical assessment).

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

The patient has evidence of left ventricular concentric hypertrophy and is classified as a stage B1 due to the normal left atrial size. If not already performed, it is recommended to ensure that patients' blood pressure is normal and the patient is euthyroid. If the patient is euthyroid and normotensive, then the patient has underlying hypertrophic cardiomyopathy. No cardiac medications are indicated at this time as the patient is at a low risk for complications associated with this condition. Since this can be a progressive condition, serial monitoring is recommended. It's recommended to recheck an echocardiogram in 6 months, sooner if the patient develops cardiovascular clinical signs.

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A cause of the patient falling over and holding up the right forelimb is unknown.

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A cardiac cause does not appear to be present. Recommend ensuring the patient is normotensive. With the chest radiographs provided, there is no evidence of cardiogenic pulmonary edema, nor is a pulmonary mass identified.

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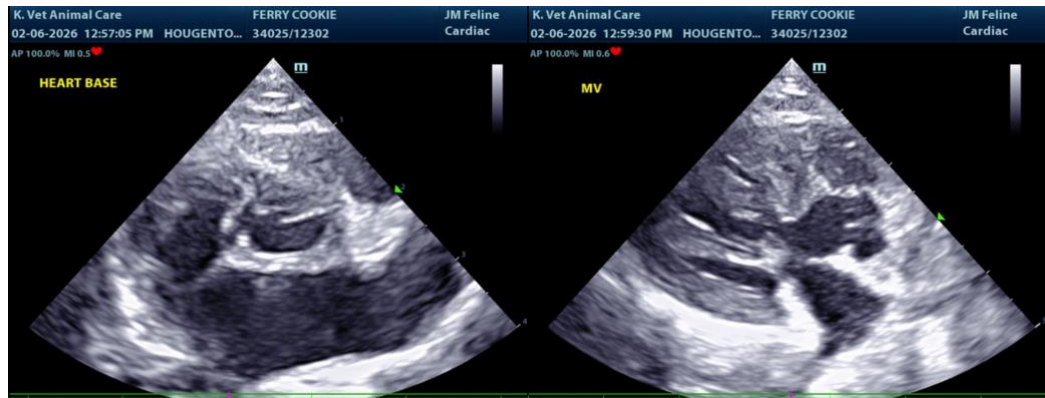
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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