

**PATIENT**

Butterchurn Anderson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

10.87 pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal Health Associates

**REFERRING VET**

Dr. Schoeder

**INVOICE**

14218

**DATE**

03/10/26

**PRESENTING CLINICAL SIGNS**

- Patient had incident of acute collapse. Patient was unresponsive for about 7 minutes afterwards.
- Had ECG, Rads, BW w/ ProBNP at ER (normal)
- On PE here 3/6 heart murmur and BP taken w/ Doppler was elevated avg 190mmHg
- Here murmur 3/6, at ER hear 2/6 then was not heard subsequent auscult
- R/O Cardiac dz, thromboembolism, pulmonary hypertension as potential causes of syncopal episode.

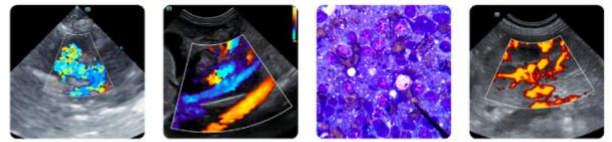
Abnormal PE/Chem/CBC/UA Results: T4 normal, Tall R waves noted on ECG, ProBNP normal, Chem/CBC normal Bp elevated 190(taken after PE via doppler) HR 172, RR 30 Rads: bronchiolar pattern/ lower airway disease

**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	4.94	212	0.54	1.4	0.54	52.85	--
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	1.15	1.02	NM		1.02	0.96	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 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, however, measurements are at the upper limits of normal. 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.



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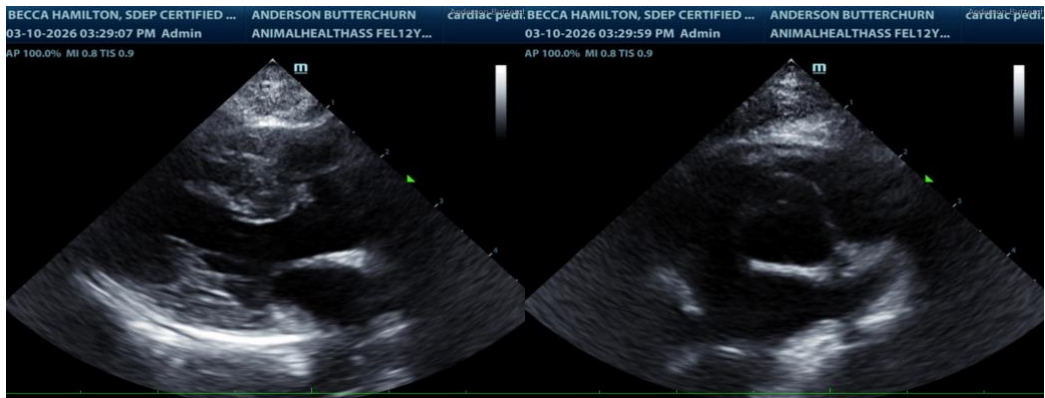
**ULTRASONOGRAPHIC FINDINGS**

- Normal left atrial size.
- Left ventricular wall measurements on the upper limits of normal.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the patient's collapse episode is not identified based upon the echocardiographic images provided. An arrhythmia is not identified, however, an ECG can be performed. The aorta appears prominent.

I would recommend monitoring the patient's blood pressure and following ACVIM guidelines for systemic hypertension for continued monitoring and management. If the patient does have underlying systemic hypertension, also recommend considering a neurologic evaluation given the amount of time that patient was unresponsive post-event. Due to the gray zone of the left ventricular wall measurements, a recheck echo is recommended in 10 to 12 months.



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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