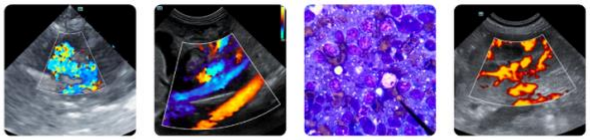

PATIENT

Furpants Hermann

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10.3 Years

WEIGHT

Not Provided

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Jen Makem

INVOICE

14222

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Hx: EMPLOYEE PET. Sedated with butorphanol
- - Hx of new Grd III L and R parasternal murmur
- - Bloodwork - NSF, T4 2.5. UA - USG 1.059, quiet sediment
- - Cardiopet proBNP - 281 (0-100)
- - BP: 122, 123 mm HG systolic
- - Patient is aclinical at home other than perceived PU/PD per O
- - Patient may need a dental cleaning, anesthetic recommendations appreciated

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	NM	NM	0.44	1.3	0.54	61.53	--
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)	**MR** (m/s)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	--	1.2	--		1.35	1.21	~4.0
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							

EPSS: 0.08

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 a discrete step up in velocities is not identified within 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 equivocally 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.

ULTRASONOGRAPHIC FINDINGS

PATIENT

Furpants Hermann

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10.3 Years

WEIGHT

Not Provided

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- Mitral regurgitation.
- Normal left atrial size.
- Equivocal left ventricular concentric hypertrophy.

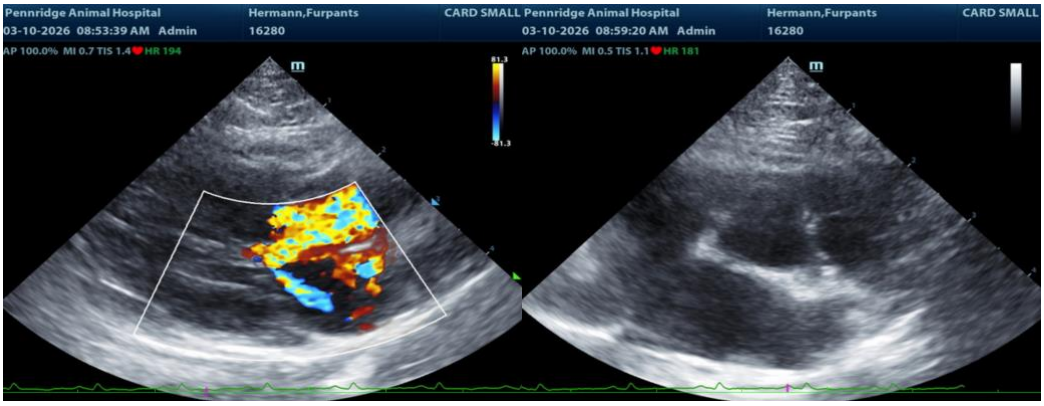
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has mitral regurgitation, systolic anterior motional of the mitral valve and equivocal concentric hypertrophy of the left ventricular wall. These findings can be seen as an early indication that heart disease may be developing. No cardiac therapies are recommended at this time but serial monitoring should be performed. Recheck echo is recommended in 10 to 12 months, sooner if the murmur is worsening or the patient is developing cardiovascular clinical signs.

The blood pressure reported is increased and it's recommended to ensure this value does not represent systemic hypertension. Recommend following ACVIM guidelines for systemic hypertension and treating if indicated with either ace inhibitors, amlodipine, or a combination of the two therapies.

Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.

Recommend monitoring the thyroid hormone as it's at the upper limits of normal.



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