

PATIENT

Theo Martin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.32 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Vetwell Rockcliffe VH

REFERRING VET

Dr. Guatto

INVOICE

36194

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Grade 4/6 systolic heart murmur. Strong, synchronous pulses. Wants a dental, Dr. Hiscox recommends pre-anesthetic echo.
- Current Medications: Atenolol 6.25mg PO q24h

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	6.32	NM	0.63	1.2	0.69	--	--
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	1.1	1.16	NM		~3.0	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							

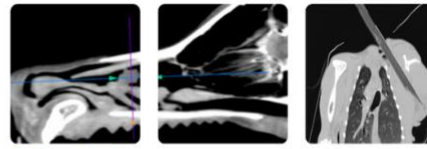
MR Vmax: Underestimated

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.

ULTRASONOGRAPHIC FINDINGS

- Left ventricular concentric hypertrophy with an obstructive component



PATIENT

- Normal left atrial size

Theo Martin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

The patient has hypertrophic obstructive cardiomyopathy. The utility of atenolol for this condition is not well documented, however if the patient has been receiving it for a long period of time, can continue and remain on this therapy as long as they are tolerating the medications well.

Feline

BREED

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

DSH

SEX

I recommend ensuring that the patient is euthyroid.

Neutered Male

Elective anesthetic procedures should be well tolerated. I recommend holding atenolol the day of anesthesia and then resuming the following day.

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Recheck echo is recommended in 10 to 12 months, sooner if the patient is developing cardiovascular clinical signs or the murmur is worsening in intensity.

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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.

INVOICE

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.

36194

Sara Brethel DVM, DACVIM (Cardiology)

DATE

info@SonoPath.com

3/11/26

