

PATIENT

Lexeme Konyon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

10.35 pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara Animal
 Hospital

REFERRING VET

Dr. Maki

INVOICE

14361

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Generally healthy cat (except for recent bout of constipation). Heart murmur of long duration, recently progressing from Grade 2/6 to Grade 3/6.
- ABNORMAL Labwork Values: Pro BNP abnormal CBC: WNL Chem: WNL T4: 2.9
- HR/RR/BP: 200/Min
- Is there a Heart Murmur? If so, please grade. Grade 3/6
- Current Medications: Fortiflora
- Notes to Specialist (if any): We are considering starting Felycin CA-1

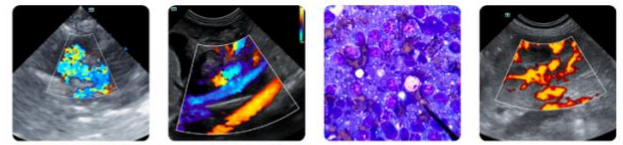
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	4.7	NM	0.5	1.33	0.54	54.13	--
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)	LVIDS (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	1.25	1.14	--		0.86	1.89	0.61
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, some measurements are in the gray zone. 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. The aortic outflow velocities are normal. The pulmonic outflow velocities show a dynamic right ventricular outflow tract obstruction. 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



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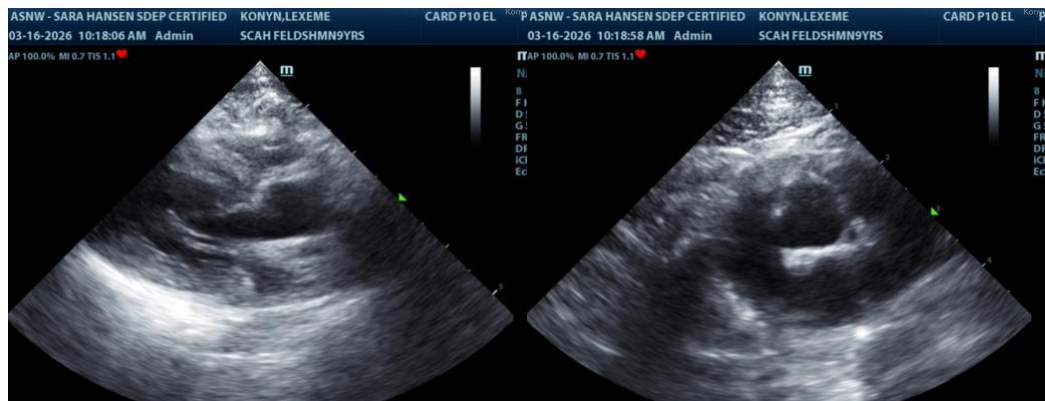
- Equivocal concentric hypertrophy (measurements normal but appear at the upper limits of normal).
- Dynamic right ventricular outflow tract obstruction.
- Subjective left ventricular underloading.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart measures within normal limits but the left ventricular walls measure at the upper limits of normal to equivocally hypertrophied and serial monitoring is recommended.

The cause of the murmur is secondary to the benign dynamic right ventricular outflow tract obstruction and the underloading identified is likely secondary to the sedation utilized. In the future, I would avoid using ketamine for sedation when performing an echocardiogram as this does reduce the preload with the patient. I would recommend ensuring the patient is normotensive. The thyroid reported is at the upper limits of normal and can consider performing a thyroid panel to ensure there is no underlying hyperthyroidism.

The patient is not a candidate for Felycin CA-1 at this time. A recheck echo is recommended in 10-12 months. Sooner if cardiovascular clinical signs are developing or the murmur continues to worsen in intensity.



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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