

PATIENT

Rusty Bury

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

6 Months

WEIGHT

5.9 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VH

REFERRING VET

Dr. Guevara-Mann

INVOICE

36248

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Presented for routine kitten wellness exam/vaccines
- Grade 3/4 left-sided systolic heart murmur - consistent on multiple exams since November
- Potentially from same colony as previous patient diagnosed with HCM
- Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam
 Anesthetic safety prior to neuter HCM vs congenital disease vs physiologic

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

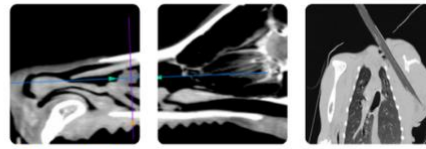
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	5.9	NM	0.33	1.47	0.63	--	--
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (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	--	1.6	NM		1.8	1.55	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: 5.08

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 mildly increased. 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. The posterior left ventricular wall measures hypertrophied, and papillary muscles appear hyperechoic. 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



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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

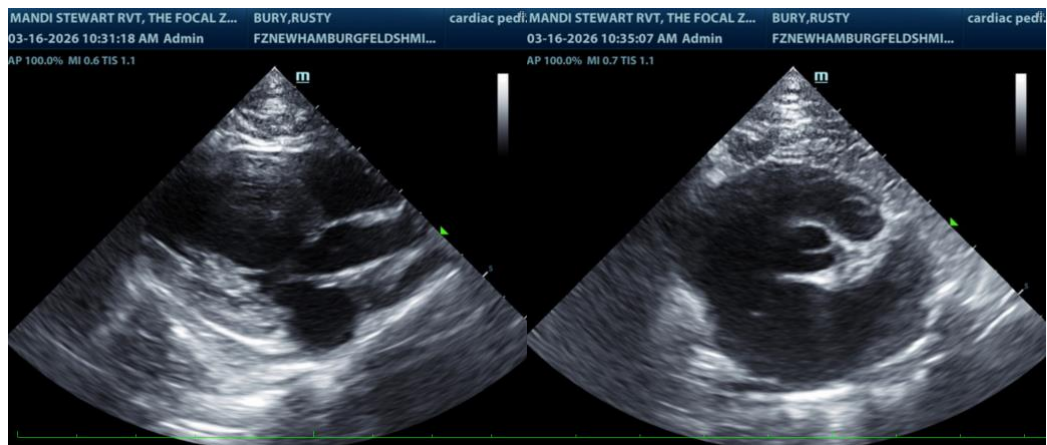
- Hypertrophic obstructive cardiomyopathy
- Mild left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient appears to have congenital or juvenile onset of HOCM. There's mild left atrial enlargement. The obstruction appears mild and subclinical and no therapies are recommended at this time.

While there is a mildly increased anesthetic risk, the patient appears to be an adequate candidate. Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.

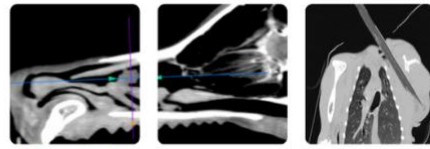
A recheck echo is recommended in 6 months, sooner if the murmur is worsening or the patient is developing cardiovascular clinical signs.



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.

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PATIENT info@SonoPath.com

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