



PATIENT

Cas Brinn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

10.68 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Malec

INVOICE

36273

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

- Daily vomiting, does well while on Cerenia but vomits when off. Otherwise, BAR, eating and drinking well.
- Historic HCM diagnosed December 2025 with CHF, pt currently doing well on furosemide and clopidogrel

ABNORMAL Labwork Values:

- Potassium 3.6, all other values WNL (2-26-26: when vomiting started)

For ECHO Only: Blood Pressure:

- Reading 1: 143/65 mmHg, MAP 109 - Reading 2: 130/77 mmHg, MAP 106 - Reading 3: 130/85 mmHg, MAP 100 - Reading 4: 132/62 mmHg, MAP 111 - Reading 5: 146/76 mmHg, MAP 92

HR/RR/BP:

- HR- 190, RR- 50

Is there a Heart Murmur? If so, please grade:

- No- gallop rhythm present

Current medications:

- Furosemide 10mg/ml- 0.6ml PO BID
- Clopidogrel 75mg (1/4 tablet) PO daily

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	4.85	NM	0.54	1.46	0.69	45.21	--



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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	2.21	2.52	--	1.75	1.13	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

LVIDs: 0.8, TR Vmax: 1.4

Cardiac Presentation

The left atrium is severely enlarged. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal with trivial evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves are normal without evidence of insufficiency. Aortic and pulmonic outflow velocities are within normal limits. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy stage C
- Severe left atrial enlargement
- Trivial tricuspid regurgitation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's blood pressures are reported within normal limits. The reported respiratory rate is increased. I would recommend obtaining chest radiographs. As long as there's no evidence of active congestive heart failure, kidney values and all other electrolytes are normal, no changes to cardiac therapies are recommended and the cause of the daily vomiting is unknown. Other considerations include a GI panel, considering an abdominal ultrasound, ensuring there's no evidence of an arrhythmia, although none is identified during the echo with the images provided. When the vomiting subsides or improves, I would recommend starting ACE inhibition, but only once the GI signs have resolved. Recheck echo in 4-6 months along with blood pressure and blood work. Steroid therapy is ideally avoided for this patient due to the severity of the cardiac disease. I recommend ensuring the patient is euthyroid as well.



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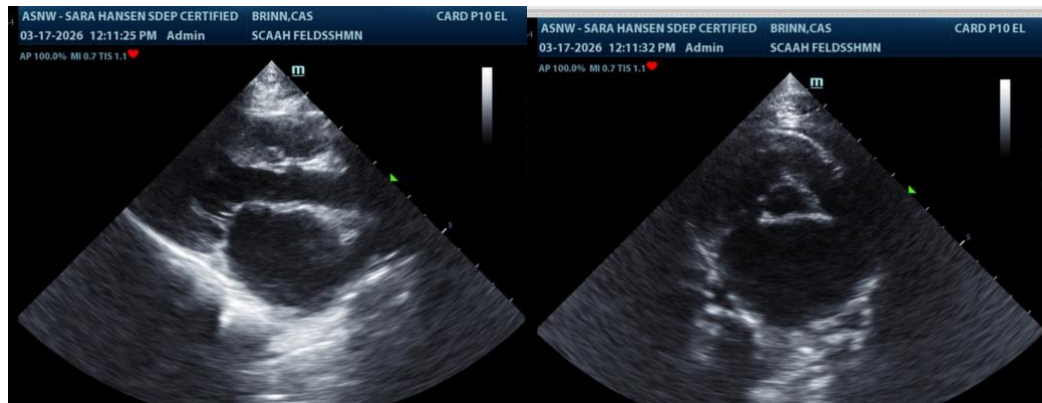
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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