



## PATIENT

Catsy Jorstad

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

13 pounds

## INTERPRETED BY

Sara Brethel, DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Andrea Nason

## HOSPITAL NAME

Caravan Vet

## REFERRING VET

Dr. Andrea Nason

## INVOICE

14412

## DATE

03/18/26

## PRESENTING CLINICAL SIGNS

- Presented for routine wellness; no appreciable PU/PD/PP/weight loss reported by client;
- Screening CBC, Chem, proBNP = elevated ALT, ALP, proBNP
- Add-on T4 elevated, patient started on 5 mg felinorm BID and has been on it ~ 2 weeks
- Screening blood pressure 180 systolic
- Cardiac work up to identify underlying heart disease

CBC - normal Chemistry: ALT 265, ALP 68 ProBNP: 1181 Blood pressure: 180 systolic T4 8.7

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	MR (m/s)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	
PATIENT	5.9	NM	0.59	1.47	0.64	43.53	~6.0
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/s)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	--	1.47	1.69		~4.0	UE	0.83
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 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.

## ECG



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The rhythm appears to be primarily assigned as tachycardia with a left anterior vesicular block.

**Chest Radiographs**

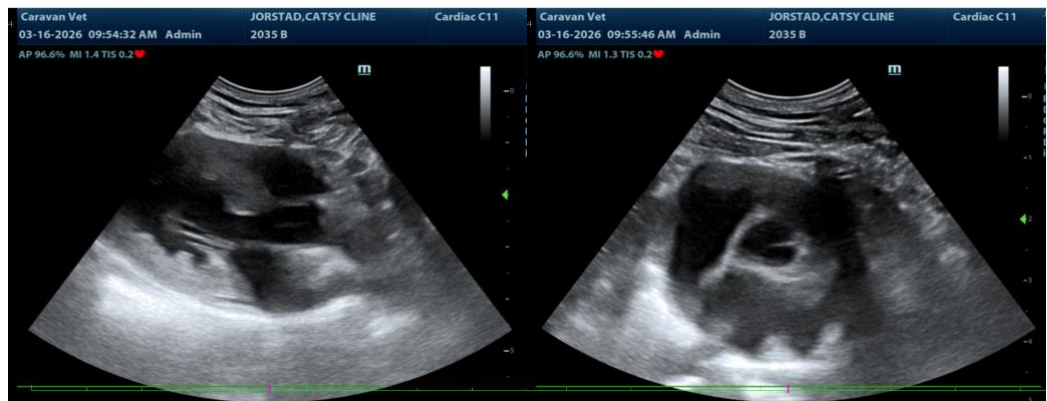
The cardiac silhouette is relatively unremarkable and there is no evidence of cardiogenic pulmonary edema.

**ULTRASONOGRAPHIC FINDINGS**

- Hypertrophic changes to the left ventricle.
- Left atrium at the upper limits of normal.
- Moderate obstruction.
- Mitral regurgitation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

With the patient's history of hypertension and hyperthyroidism, these changes can all be associated with the abnormal systemic diseases currently affecting the patient. Until the hypertension and hyperthyroidism are controlled for at least two to three months, it is unknown if the patient has underlying primary cardiac disease. Recheck echo in six months is recommended, that should give enough time for these conditions to be optimally controlled. No specific cardiac therapies are recommended at this time



The information and recommendations provided are based on the images presented by the referring



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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](mailto:info@SonoPath.com)