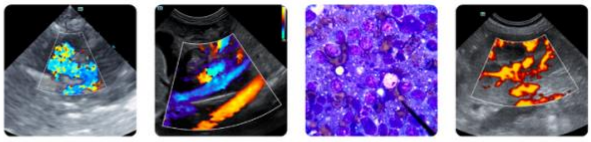

PATIENT

Rosie Sassaman

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years

WEIGHT

9.7 pounds

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Vine Veterinary Hospital

REFERRING VET

Dr. McKee

INVOICE

14417

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- P presented for echo due to new murmur heard.
- P previously ADR, fever, bloodwork abnormal, treated with Clindamycin and improved. At recheck the new 3/6 murmur heard
- Concern for FIP, infectious cause, Underlying HCM vs new

Abnormal PE/Chem/CBC/UA Results: HCT 25.9, WBC 19.6, Mono 0.49, Baso 0.1 Crea 0.7, NA 144, Cl 112, TP 11.9, Alb 2.3, Glob 9.6, ALT 20, ALP 11 ProBNP 607 usg 1.047, pro 2+

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	4.4	NM	0.65	1.42	0.73	42.95	6.43
FELINE CARDIAC PARAMETERS	**TR** (m/s)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**LVIDS** (m/s)
NORMAL PARAMETER		1.6	0.7-1.7		<1.6	<1.3	
PATIENT	1.52	1.42	1.6		2.29	2.37	0.8
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 atrium is at the upper limits of normal to 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. Left ventricular walls measure hypertrophied. There is normal right atrial size with trace 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. Pulmonic outflow velocities display a 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. There is trace pericardial effusion and no intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

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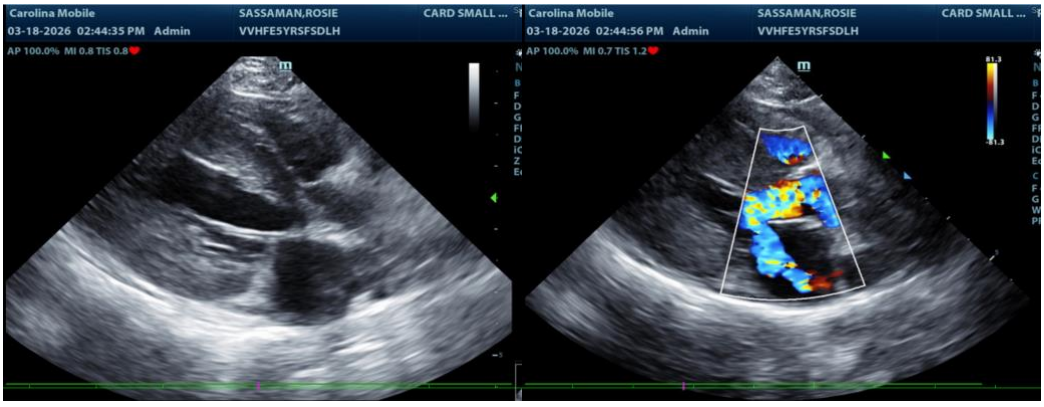
- Left ventricular concentric hypertrophy.
- Left atrium at the upper limits of normal to mildly increased.
- Mitral regurgitation.
- Systolic anterior motion of the mitral valve.
- Dynamic left ventricular outflow tract obstruction.
- Dynamic right ventricular outflow tract obstruction.
- Trace tricuspid regurgitation.
- Trace pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has findings consistent with hypertrophic obstructive cardiomyopathy with a mild subclinical obstruction. However, given the presence of pericardial effusion, the previous history of being ill and the age, there is a concern for a possible infectious component, and I would recommend submission of a feline infectious disease panel submitted to NC State Vector-Borne Disease Lab.

The full comprehensive panel is recommended, however, if financially that is not an option, then I would encourage serology and PCR for Bartonella. If infectious disease testing comes back as negative, then the patient does have underlying likely HOCM. The cause of the pericardial effusion does not appear to be due to congestive heart failure and serial monitoring is recommended. Can also consider performing an abdominal ultrasound to ensure there is no other underlying systemic diseases causing the patient's clinical signs.

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. I recommend ensuring the patient is euthyroid and pending infectious disease results, recheck echo in six months, but a fluid check in three to four weeks to monitor the pericardial effusion.



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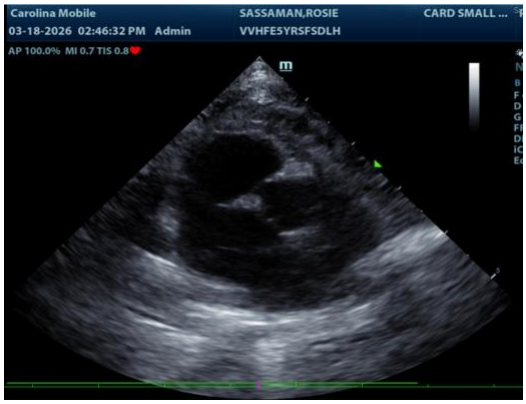

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com