



PATIENT

Tucker Raymond

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

13 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Alexandra Galindo,
DVM

INVOICE

36293

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Patient has an elevated BNP (783) and a new grade III cardiac murmur
- Thoracic radiographs show cardiomegaly
- Radiographs, labwork, and rad report attached
- Video of new cough attached

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	0.58	1.2	0.66	31.66	--
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	1.21	1.15	1.56		~1.8	1.08	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: 0.82

Chest Radiographic Interpretation

The thumbnails that are attached are difficult to image. There does appear to be generalized cardiomegaly, but comments on the pulmonary parenchymal or vasculature are unable to be made.

Cardiac Presentation

The left atrium is within normal limits. 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 without 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



PATIENT

- Left ventricular concentric hypertrophy
- Normal left atrial size

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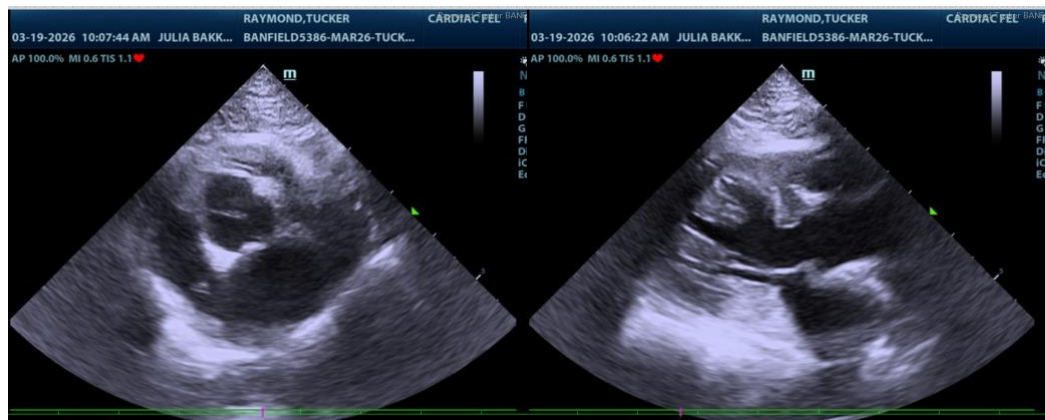
3/19/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has evidence of left ventricular concentric hypertrophy and is classified as a stage B1 due to the normal left atrial size. If not already performed, it is recommended to ensure that patients blood pressure is normal, and the patient is euthyroid. If the patient is euthyroid and normotensive, then the patient has underlying hypertrophic cardiomyopathy. No cardiac medications are indicated at this time as the patient is at a low risk for complications associated with this condition. Since this can be a progressive condition, serial monitoring is recommended. It's recommended to recheck an echocardiogram in 6 months, sooner if the patient develops cardiovascular clinical signs.

The severity of the patient's cardiomegaly on the chest radiographs does not seem to correlate with the severity of the cardiomegaly on the echo.

No cardiac meds are indicated at this time, and I suspect the cough is primarily respiratory as opposed to cardiac in nature, and continued investigation into the cough is recommended. Caution is advised if steroid therapy is needed due to the increased risk for cardiac compromise in feline patients receiving steroids that have underlying cardiac disease. This is true for systemic steroids, i.e. oral versus injectable, however inhaled steroids are well tolerated.



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



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