

PATIENT

Buddy
CatsAnonymous

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

4.1 kg

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Graham Animal
Hospital

REFERRING VET

Dr. Nixon

INVOICE

14576

DATE

03/24/26

PRESENTING CLINICAL SIGNS

Mildly elevated BUN 18.9 mmol/L tested 03/05/2026. hyperthyroid, sitting low end of normal on recheck 11.2nmol/L, tested 03/05/2026. mild hypertrophic cardiomyopathy -secondary to hyperthyroid? recheck echo 1 year post meds, started 11/18/2024. no murmur heard, would like to recheck prior to adoption.

Current Medications: 12.5 mg/ml Atenolol 0.5 ml SID, 5 mg Felimazole 1 tablet BID, supplements monthly B12 injections and Psyllium daily

Abnormal PE/Chem/CBC/UA Results: ECG attached BUN 18.9 mmol/L, ALT 22 IU/L, Glucose 3.9 mmol/L, Hemoglobin 104 g/L and Monocytes 0.51x 10E9/L Radiographic Findings non-Primary Question to Be Answered in This Exam how is heart? is it stable? (getting adopted) do they still need to be on medication, if yes, is it the same dosing, do we need to add another medication

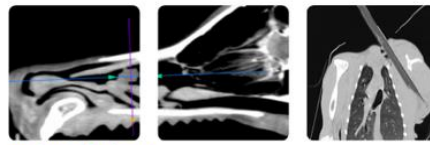
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	4.1	127	0.62	1.66	0.64	51.8	--
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/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	1.23	--	NM		0.72	0.66	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 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.

ECG



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Normal sinus rhythm.

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ULTRASONOGRAPHIC FINDINGS

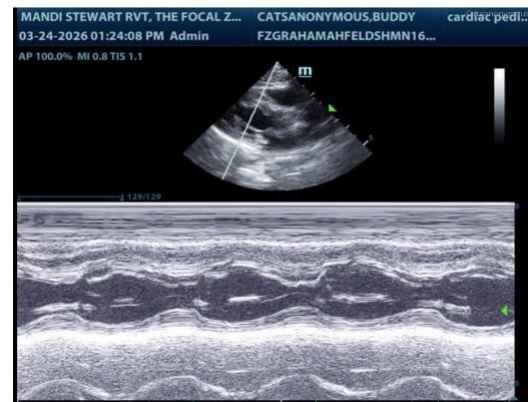
- Left ventricular concentric hypertrophy.

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. With a history of the patient's hyperthyroidism, if it's been controlled for at least 2-3 months which reportedly it has been, then the patient does have underlying cardiac disease providing that the blood pressure is within normal limits. However, the left atrium is normal. 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.

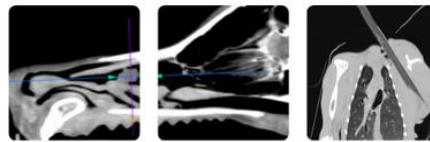
It is unknown if there is a need for atenolol therapy. Atenolol has not been proven to prolong survival times. On the images provided, there is no evidence of a significant left ventricular outflow tract obstruction. However, the patients on atenolol, which may be reducing any outflow tract obstruction. If the patient is tolerating it well and is easy to medicate, can consider long-term therapy with this.

Alternatively, you can consider weaning over a course of five to seven days, i.e. giving once a day for four days, then halving the dose and giving the half dose once a day for four days, and then discontinuing. However, if discontinuing atenolol, I would encourage a recheck echo in another two to three months to monitor for any reemergence of the significant outflow tract obstruction. If not weaning atenolol and the patient is continued on this therapy, a recheck echo is recommended in 10 to 12 months, sooner if cardiovascular clinical signs are developing.



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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