

PATIENT

Felix Scott

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

7.84 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Arielle Roldan CVT

HOSPITAL NAME

Milford Animal
Hospital

REFERRING VET

Dr. Sean Grasso

INVOICE

14607

DATE

03/25/26

PRESENTING CLINICAL SIGNS

Presented for dental procedure, preoperative bloodwork showed changes.

Abnormal PE/Chem/CBC/UA Results: fTnI 0.26 0.01 - 20 ng/mL Gray zone GLU 267.53 74.06 - 159.12 mg/dL HIGH LAC 3.36 0.50 - 2.70 mmol/L HIGH f.NT-proBNP 58.5 50 - 1500 pmol/L Normal T4: 5.78 HIGH

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	3.56	NM	0.51	1.3	0.43	63.84	--
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	NM	NM	NM		NM	~1.0	0.47
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 no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy. 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 pulmonic 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.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal heart.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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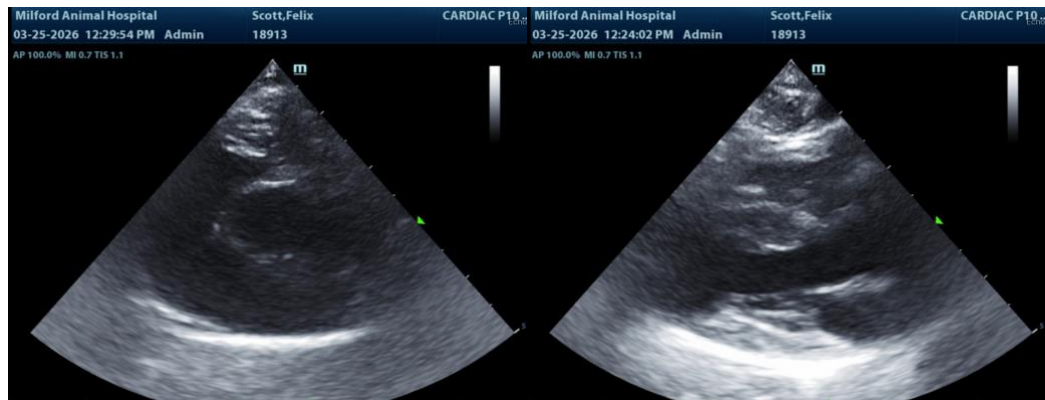
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The heart is structurally normal. The patient's thyroid is reported to be elevated. Recommend treating this and having this be within normal limits prior to moving forward with elective anesthetic procedures. Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.

Can consider recheck ProBNP in a year. If the ProBNP becomes elevated, then a recheck echo would be indicated at that time. Alternatively, can perform another echo in a year for monitoring purposes.



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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