



## PATIENT

Zola Gray

## SPECIES

Feline

## BREED

Russian Blue

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

11 pounds

## INTERPRETED BY

Sara Brethel, DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Kristina Ramer  
DVM

## INVOICE

14754

## DATE

03/30/26

## PRESENTING CLINICAL SIGNS

Cardiopet proBNP is 699. Grade III left sided heart murmur. History of intermittent cough suspected to be related to asthma vs other. Thoracic radiographs historically have shown a mild interstitial generalized pulmonary pattern

## 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	5.0	NM	0.5	1.3	0.53	--	--
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	1.5	1.34	1.43		1.11	0.62	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							

## 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. Systolic anterior motion of the mitral valve is not identified and a discrete step up in velocities through the left ventricular outflow tract is not seen. 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 equivocally 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.

## ULTRASONOGRAPHIC FINDINGS

- Mitral regurgitation.
- Equivocally hypertrophied left ventricular walls.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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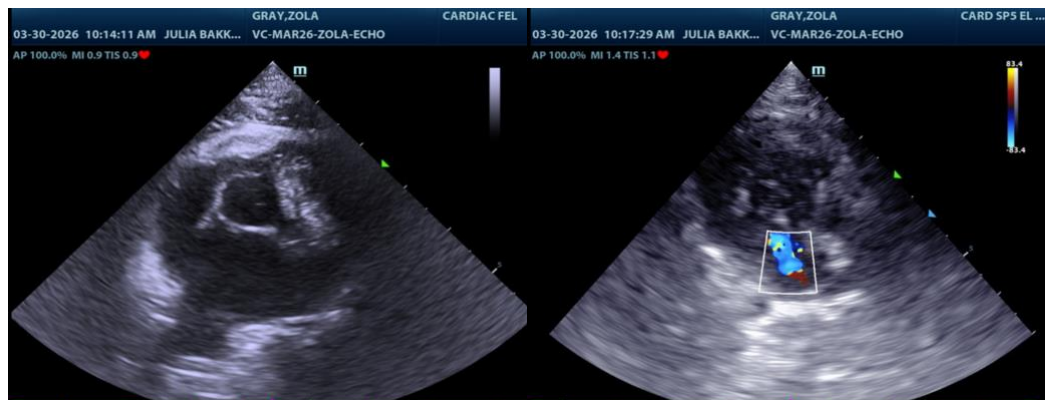
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There is mitral regurgitation, and the left ventricular walls measure equivocally hypertrophied. This may represent an early phenotype of a hypertrophic obstructive cardiomyopathy. However, an obstruction is not identified on the images provided. No cardiac therapies are recommended. I would recommend a recheck in 6 to 12 months, sooner if cardiovascular clinical signs are developing. I recommend ensuring the patient's blood pressure is normal and thyroid is normal if not already performed.



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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