

**PATIENT**

Onyx Street

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

10.4 pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Gentle Touch  
Veterinary Hospital

**REFERRING VET**

Dr. Jackson

**INVOICE**

14066

**DATE**

03/05/26

**PRESENTING CLINICAL SIGNS**

- P presented for recheck echo. Previous Echo done 5=6 yrs ago by a cardiologist. Diagnosed with Stage B2 HCM, ProBNP elevated. Has been on clopidogrel and enalapril.
- No new symptoms O is a tech and wanted to have P reevaluated.

**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	4.72	183	0.26	1.8	0.27	--	--
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	1.85	1.69	1.65	0.96	0.88	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							

RAD: 1.52 // TR: 2.09

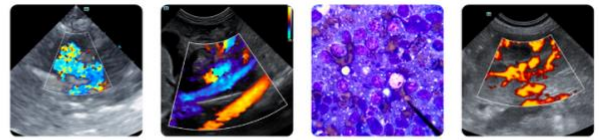
**Cardiac Presentation**

The left atrium is moderately enlarged. 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 apex and evidence of scarring and fibrosis of the interventricular septum and posterior wall. The right atrium is mildly enlarged. The tricuspid valve revealed evidence of trace 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**

- Moderate left atrial enlargement.
- Left ventricular concentric hypertrophy of the left ventricular apex.
- Scarring and fibrosis of the interventricular septum and posterior walls.
- Trace tricuspid regurgitation.
- Mild right atrial enlargement.
- Irregular rhythm.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

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The patient has evidence of scarring and fibrosis. The rhythm appears irregular during portions of the echo. An electrocardiogram and possible Holter monitor are strongly recommended. Recommend continuing clopidogrel and can continue ACE inhibition at this time.

**SPECIES**

Feline

In the absence of clinical signs, no other therapies are recommended, but the patient should be monitored for any signs of congestive heart failure. The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

**BREED**

DSH

Unfortunately, with the noted arrhythmias and the scarring and fibrosis, patients with this condition can pass away suddenly and there is a risk for arterial thromboembolism. Recommended ensuring the patient is normotensive and euthyroid. Recheck echo pending the rhythm assessment in 6-12 months, sooner if the patient is decompensating.

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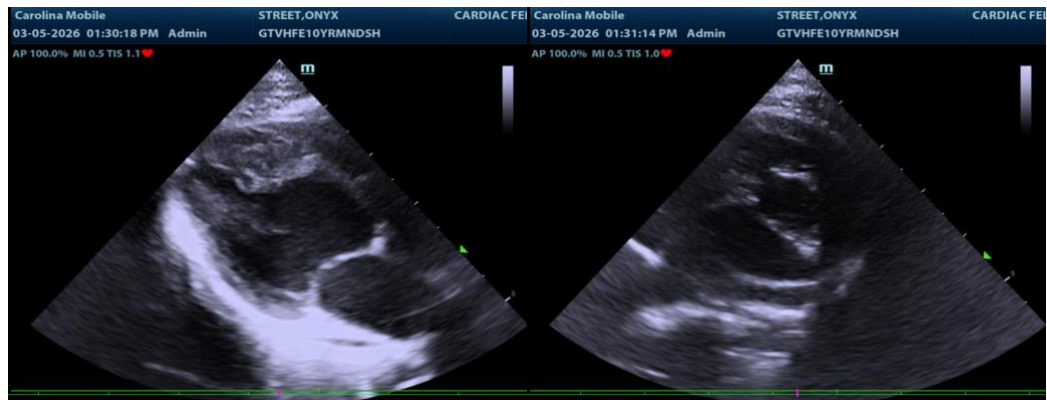
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**HOSPITAL NAME**

Gentle Touch  
Veterinary Hospital

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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Dr. Jackson

[info@SonoPath.com](mailto:info@SonoPath.com)

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