

**PATIENT**

Mazie Lucas

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years 9 Months

**WEIGHT**

13.2 pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Marsh Hospitals for  
Animals

**REFERRING VET**

Dr. Armani

**INVOICE**

14168

**DATE**

03/09/26

**PRESENTING CLINICAL SIGNS**

- New pt- murmur grade 2, needs dental

**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	6.0	235	0.52	1.4	0.55	64.28	NM
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	1.24	1.23	NM		NM	~1.0	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**

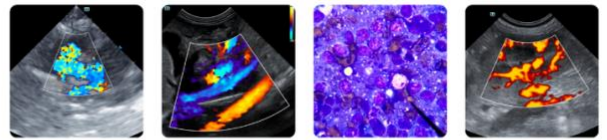
The mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy, however, measurements are in the grey zone. 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**

- Equivocal left ventricular concentric hypertrophy (normal measurements, patient in grey zone).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient's heart measures within normal limits. The cause of the murmur is unknown. Aortic outflows were not measured, and a left ventricular outflow tract obstruction cannot be ruled out. There is no evidence of true concentric hypertrophy, however, measurements are greater than 5 millimeters, therefore this places this patient in an equivocal or "grey zone". For this reason, serial



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monitoring is recommended and a recheck echo is recommended in 10 to 12 months. There are no contraindications to anesthesia at this time.

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.



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](mailto:info@SonoPath.com)