

PATIENT

Cleocatra Barua

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

1 Year

WEIGHT

4.6 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Rosenfeld

INVOICE

36576

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: P was brought in for evaluation of a heart murmur. The murmur was reportedly discovered during a pre-spay examination at KWHS and was graded as a level 4. On presentation to the clinic- Strong Murmur, possible thrill, easily auscultated on both sides of the thorax 4-5/6. P was confirmed to be in gestation, and an Echo was deferred to be done after weaning of the kittens. Current Medications: none.

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Cause of the murmur - innocent/physiologic or associated with underlying cardiac disease?

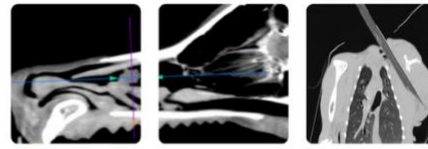
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	4.6	142	0.3	1.75	0.4	46.29	--
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	--	1.22	1.2		1.03	0.72	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							

LVIDs: 0.94

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 function appears preserved, along with subjective diastolic function, however, the left ventricular measurements are at the upper limits of normal to mildly increased. 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 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.



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ULTRASONOGRAPHIC FINDINGS

- Left ventricular dimensions upper limits of normal to mildly increased

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the heart murmur is not identified. On some of the images provided, there is concern for echo dropout within the inner atrial septum. This is not seen on all images, nor is it confirmed on color doppler. A cause for the high/normal left ventricular measurements is not identified. Other congenital defects such as a PDA, atrial septal defect, or ventricular septal defect cannot be entirely ruled out. Although, none is identified with the images provided. If the patient is in heat, this could explain measurements being at the upper limits of normal.

No cardiac medications are recommended. To be cautious, I would avoid therapies such as dexmedetomidine and ketamine in this patient. You can consider a referral for further evaluation to identify any other shunts. Otherwise, a recheck echo in 6 months just to monitor for any additional progression or any other abnormalities is recommended.



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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