

PATIENT

Gracie Hammon

SPECIES

Feline

BREED

Bengal

SEX

Intact Female

AGE

18 Weeks

WEIGHT

5.4 pounds

PRESENTING CLINICAL SIGNS

P presented for echo due to chirping sound heard during auscultation.

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	2.45	184	--	1.4	--	55.71	--
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/s)	
NORMAL PARAMETER	<1.5	1.6	0.7-1.7	<1.6	<1.3		
PATIENT	--	1.31	1.18	1.14	0.86	0.62	
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							

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
Lewisville

REFERRING VET

Dr. Journell

INVOICE

15113

DATE

04/14/26

Cardiac Presentation

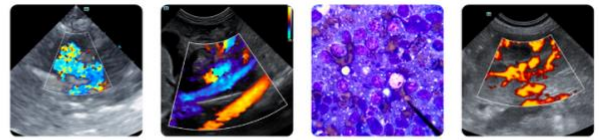
The mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy. There is echo dropout of the interatrial septum best identified on right parasternal long axis images. There is normal right atrial size mild 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

- Echo dropout of the interatrial septum.
- Mild tricuspid regurgitation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the chirping noise is not identified. There is concern for an atrial septal defect (secundum). Other congenital defects such as a PDA, VSD cannot be entirely ruled out. There is trace tricuspid regurgitation. This may reflect a previous VSD that has healed in the perimembranous region or a small VSD. The clinical significance of ASC is not entirely known. Most patients can go on to live



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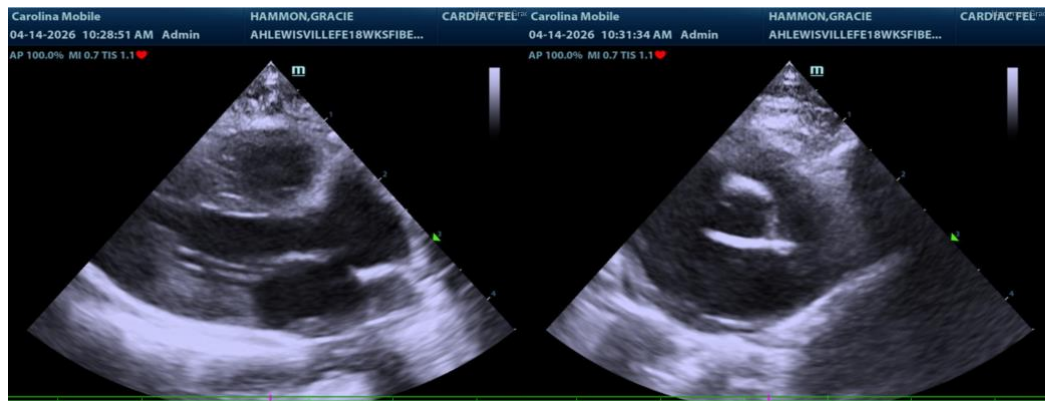
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normal lifespans without complications. Some patients dependent on the direction of the shunting, if truly present can develop signs of cardiac disease and go on to develop heart failure left or right sided.

Can consider evaluation with a veterinary cardiologist for an agitated saline contrast study to ensure no other shunting is identified and to confirm the diagnosis of the ASD. If referral is not elected, I would recommend a recheck echo in about 6 months. Given the reported patient temperament, I would encourage the use of Gabapentin prior to veterinary visits as well.

At this time, the patient appears to be an adequate candidate for anesthesia. 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