



PATIENT

Pete Royal

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

16 Years

WEIGHT

9.96

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

Pete has had a grade 1 right sided heart murmur on the last couple of visits. Her BNP has elevated above normal. Cardiac work up to assess for underlying heart condition. She was diagnosed with hypertension ~ 4 weeks ago (BP 170), started on amlodipine 0.625 mg SID. Recheck BP was 164

Abnormal PE/Chem/CBC/UA Results: Crea 1.2, BUN 28 T4 2.4 BP 164 systolic BNP 169

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	4.52	NM	0.58	1.3	0.41	53.84	--
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/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	--	1.0	--		--	--	0.6
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 measuring approximately 6.0 m/s. 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. There is evidence of systolic anterior motion of the mitral valve. There is evidence of a kissing lesion at the level of SAM and the left ventricular myocardium appears hyperechoic in some regions. The posterior 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 appear to have normal morphology. 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.

ECG

Sinus rhythm.

ULTRASONOGRAPHIC FINDINGS

- Mitral regurgitation.

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

15102

DATE

04/14/26



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- Systolic anterior motion of the mitral valve.
- Sinus rhythm.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have mitral regurgitation and there is equivocal evidence of a of left ventricular concentric hypertrophy. The mitral regurgitation is likely causing the mild increase in the proBNP.

Given that the blood pressure appears improved, it's possible that previous hypertrophy was secondary to a hypertensive phenotype or this could be the early onset of hypertrophic obstructive cardiomyopathy.

Serial monitoring is recommended. No cardiac medications are indicated at this time and a recheck echo is recommended in a year. Recommend following ACVIM guidelines for systemic hypertension.



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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