

PATIENT

Anakin Guatto

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.04 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Vetwell Rockcliffe AH

REFERRING VET

Dr. Guatto

INVOICE

14803

DATE

04/02/26

PRESENTING CLINICAL SIGNS

Last echo done 8/28/2025 following a finding of a new 2/6 heart murmur. The only abnormality identified is borderline LV wall thickness, which may suggest early hypertrophic disease or may be a normal variant. Mild fibrosis of the left ventricular wall is noted. Flow through the great vessels is normal, and no significant pathology is appreciated. No cause of the murmur is identified, suggesting a physiologic origin is likely. At the time of the echo it was recommend that we do a recheck echocardiogram in 6-12 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

Abnormal PE/Chem/CBC/UA Results: Previous echo attached Primary Question to Be Answered in This Exam Monitoring for progressive issues.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

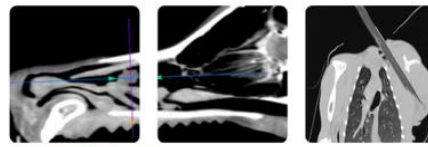
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	7.04	158	0.66	1.13	0.6	--	--
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber	LVOT VEL. (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	--	1.37	--	1.14	1.04	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 left atrium is within normal limits. 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. The right atrium is normal. The tricuspid valve is normal without evidence of 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

- Left ventricular concentric hypertrophy.
- Normal left atrial size.



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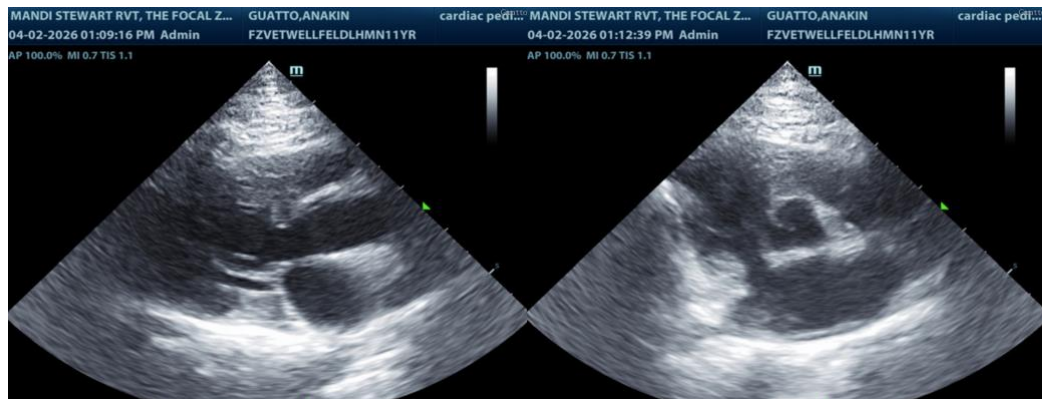
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There has been some progression when compared to the previous evaluation. The posterior walls and the interventricular septum are mildly hypertrophied. The patient has evidence of left ventricular concentric hypertrophy and is classified as a stage B1 due to the normal left atrial size. If not already performed, it is recommended to ensure that patients' blood pressure is normal and the patient is euthyroid. If the patient is euthyroid and normotensive, then the patient has underlying hypertrophic cardiomyopathy. No cardiac medications are indicated at this time as the patient is at a low risk for complications associated with this condition. Since this can be a progressive condition, serial monitoring is recommended. It's recommended to recheck an echocardiogram in 9-12 months, sooner if the patient develops cardiovascular clinical signs or developing signs of heart failure.

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.



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