

**PATIENT**

Barry Michael

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

9.5 Years

**WEIGHT**

16.53 pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Westmoreland  
Animal Hospital

**REFERRING VET**

Dr. Bugarovich

**INVOICE**

14806

**DATE**

04/02/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: harsh airway sounds, all else wnl

HR/RR/BP: HR 180 (stressed), RR sniff/44

Is there a Heart Murmur? If so, please grade: No murmur heard but enlarged heart noted on rads

**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	7.51	NM	0.51	1.33	0.57	54.88	--
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	1.26	1.21	--		0.67	1.57	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							

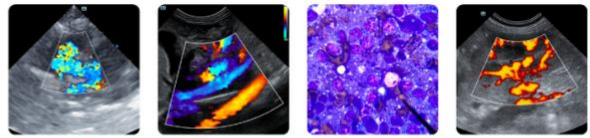
**Cardiac Presentation**

The mitral valve leaflets are normal and there is 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, the posterior wall measures equivocally thickened. 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 thickening of the posterior wall.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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The heart is structurally normal. Measurements of the posterior wall are at the upper limits of normal to equivocally thickened. Therefore, serial monitoring is recommended. Recheck echo is recommended in 10-12 months, sooner if the patient is developing cardiovascular clinical signs or heart murmur develops.

**SPECIES**

Feline

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.

**BREED**

DLH

Recommend ensuring the patient is euthyroid. If anesthesia is needed from a cardiac perspective, appears to be an adequate candidate. 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.

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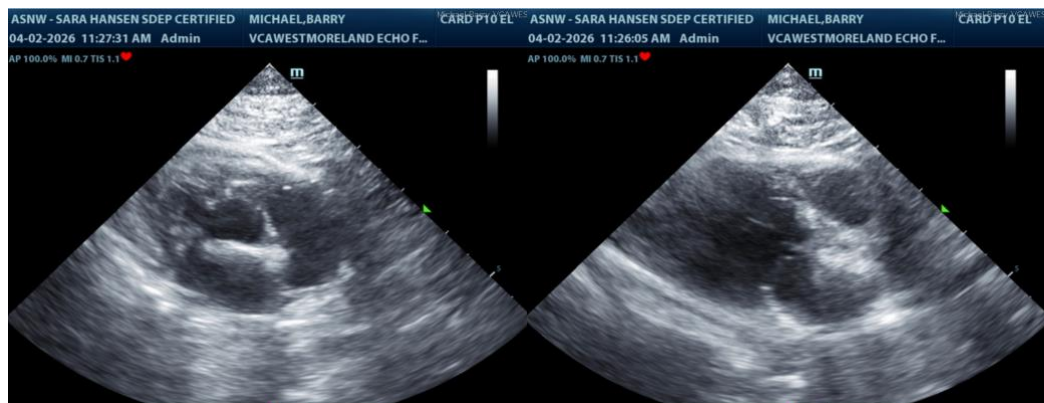
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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