



**PATIENT**

Ray Reichl

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 years

**WEIGHT**

8.72 pounds

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Andrea Nason

**HOSPITAL NAME**

Caravan Vet

**REFERRING VET**

Dr. Andrea Nason

**INVOICE**

15255

**DATE**

04/20/26

**PRESENTING CLINICAL SIGNS**

Ray's proBNP has increased from 113 (2024) to 475. Ray had an echocardiogram in 2024 via SonoPath and was diagnosed with Hypertrophic obstructive cardiomyopathy with mild mitral regurgitation. Normal left atrial size. Prominent aorta. Recheck echo to assess for progression and if cardiac medications are recommended.

Abnormal PE/Chem/CBC/UA Results: proBNP 475 Crea 2.5, SDMA 24, USG 1.014 T4 2.3 blood pressure 132 systolic

**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	3.96	NM	0.72	1.03	0.55	--	--
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	NM	1.16	1.2		--	--	--
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							

MR: ~6.0 // TR: ~4.0

**Cardiac Presentation**

The mitral valve leaflets are normal and there is mild mitral regurgitation. 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 and there is a discrete step up in velocities through the left ventricular outflow tract. There is evidence of a kissing lesion at the level of SAM and the left ventricular myocardium appears hyperechoic in some regions. Left ventricular walls measure hypertrophied. There is normal right atrial size with mild 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. There is no evidence of pulmonic or aortic insufficiency. The aorta appears at the upper limits of normal to mildly dilated. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ECG**

Sinus rhythm with occasional ventricular premature complexes with one instance of ventricular bigeminy.



## PATIENT

Ray Reichl

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

16 years

## WEIGHT

8.72 pounds

## INTERPRETED BY

Sara Brethel DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Andrea Nason

## HOSPITAL NAME

Caravan Vet

## REFERRING VET

Dr. Andrea Nason

## INVOICE

15255

## DATE

04/20/26

## ULTRASONOGRAPHIC FINDINGS

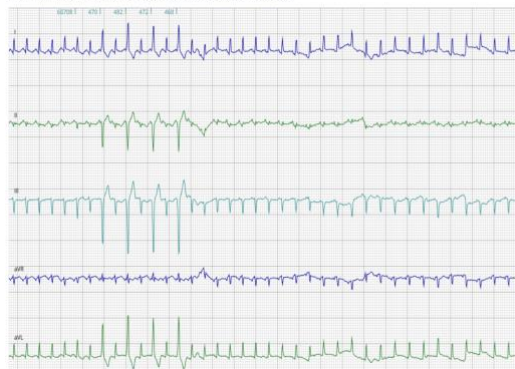
- Hypertrophic obstructive cardiomyopathy stage B1.
- Tricuspid regurgitation.
- Prominent to mildly dilated aorta.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have HOCM stage B1. The left atrial size is normal. No cardiac medications are indicated at this time. The severity of the obstruction cannot be assessed based upon the images provided. The cause for the worsening proBNP is likely multifactorial, secondary to continued left ventricular concentric hypertrophy and also the patient's underlying azotemia.

No therapy is needed for the VPCs at this time. If more comprehensive blood work has not been done, can consider ensuring full blood work is normal. Otherwise, a recheck echo is recommended in a year, sooner if the patient is developing cardiovascular clinical signs, the arrhythmia is noted to be worsening on auscultation or the murmur is worsening in intensity.

Ray 18/04/2026 | 11:30:50-11:31:00 | 25 mm/second 10 mm/mV



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



**PATIENT**

Ray Reichl

can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

**SPECIES**

Feline

[info@SonoPath.com](mailto:info@SonoPath.com)

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 years

**WEIGHT**

8.72 pounds

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**

Dr. Andrea Nason

**HOSPITAL NAME**

Caravan Vet

**REFERRING VET**

Dr. Andrea Nason

**INVOICE**

15255

**DATE**

04/20/26