



PATIENT

Shadow Lin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

8.16 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

15254

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Shadow had an echocardiogram ~ 1 year ago with SonoPath due to elevated proBNP. He was diagnosed with HCM stage B1. Rechecking an echo to assess for progression. Owners are interested in Felycin CA1 therapy if he's applicable. He also needs a dental cleaning.

Abnormal PE/Chem/CBC/UA Results: ProBNP 203 blood pressure - 158 systolic T4 - 1.2 crea 1.5, SDMA 16, USG 1.016

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	3.71	NM	0.66	1.0	0.46	NM	NM
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	1.4	1.5		NM	NM	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. 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have mild left ventricular concentric hypertrophy in the face of normotension and euthyroidism. This is consistent with HCM. The kidney values are mildly increased as far as starting Felycin CA1. There is limited evidence available that this medication is indicated at this time. Typically, I am recommending if clients are interested in considering Felycin to enroll in the HALT



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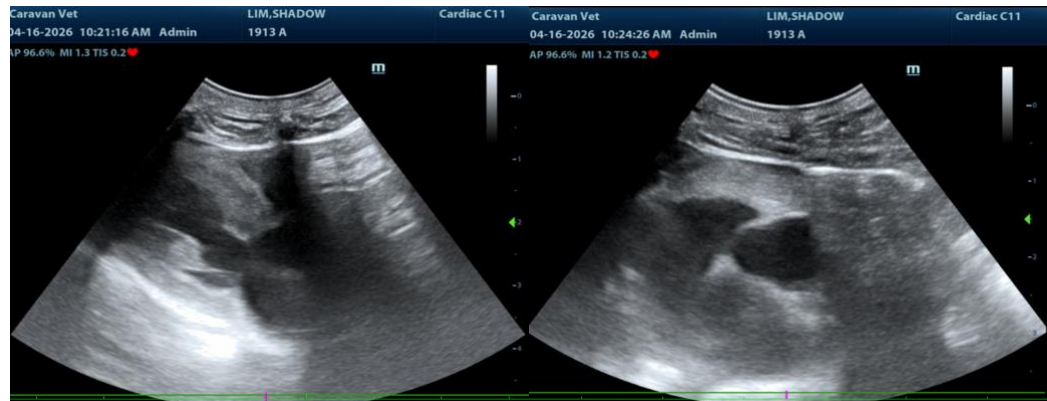
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study and you can go online to see where the closest establishment is for that clinical trial. Due to the unknowns associated with the medication, I recommend following the HALT study guidelines in terms of monitoring when starting Felycin CA1.

A recheck echo is recommended in one year, sooner unless the patient is developing cardiovascular clinical signs or a heart murmur develops. The patient is at a low risk for complications. 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)

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