



PATIENT

Leo Kopetka

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

36672

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: Leo was diagnosed with HCM stage B1 ~ 1 year ago via SonoPath. Recheck echocardiogram to assess for progression and potential ability to do Felycin CA1.

Abnormal PE/Chem/CBC/UA Results: Blood Pressure = 140 systolic SDMA 11, Crea 1.8, BUN 24 T4 2.5 proBNP 538

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	4.9	NM	0.7	1.24	0.67	27.41	--
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	--	1.22	--		NM	~2.0	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							

LVIDs: 0.9, MR Vmax: ~6.0

**No other measurements were obtained.

ECG Interpretation

Sinus rhythm

Radiographic Interpretation

The cardiac silhouette appears within normal limits. There is no evidence of cardiogenic pulmonary edema.

Cardiac Presentation

The left atrium is within normal limits. The mitral valve leaflets are normal and there is mild 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. Pulmonic outflow velocities display a dynamic right



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ventricular outflow tract obstruction. Aortic 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

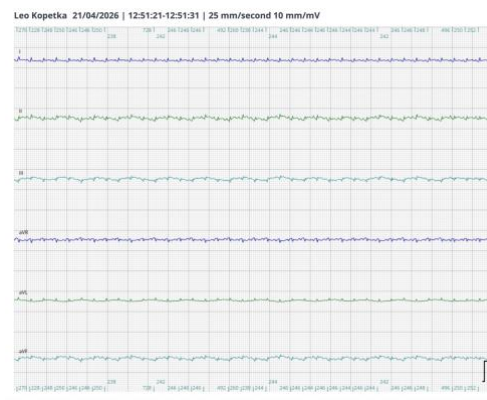
- Mitral regurgitation
- Normal left atrial size
- Concentric hypertrophy
- Dynamic right ventricular outflow tract obstruction (benign)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has HCM stage B-1, normal left atrial size, and concentric hypertrophy of the left ventricle. There may be an outflow tract obstruction component, especially in the face of mitral regurgitation. However, no standard cardiac therapies are indicated at this time. The reported blood pressure is within normal limits. The thyroid hormone is at the upper limits of normal. In the absence of clinical signs associated with hyperthyroidism, this is considered less likely. Can consider enrolling the patient in the HALT study. Alternatively, initiating therapy with Felycin-Ca1. Recommend following the protocol for the HALT study, if the patient is to start this medication, as the results of the HALT study will not be available for some time and the long-term benefits remain unknown.

If not moving forward with Felycin or the HALT study, another echo is recommended in a year or sooner if cardiovascular clinical signs are developing or the patient develops a progressive murmur or an arrhythmia.

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



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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