



PATIENT

Bean Walker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

16.2 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Sundholm

INVOICE

36691

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: There is a past history of a gallop rhythm that later resolved. No sneezing or runny eyes have been observed. He has never been seen open-mouth breathing.

ABNORMAL Labwork Values: CBC: NSF. Hct 35.4%, WBC 5.95k, leukogram & PLT WNL. Chem10: Crea 1.6 (N), Glob 5.2 (H), Alb 3.3 (N), rest WNL. EPOC: Glu 145 (H), rest WNL. proBNP: 882.5 (H, normal <100). For ECHO Only: Blood Pressure: 186. HR/RR/BP: 150/60 Is there a Heart Murmur? If so, please grade: Grade 2-3/6 at ER. Current Medications: Doxycycline, gabapentin for sedation. Radiographic Findings: Radiologist report conclusion from ER: Diffuse narrow tracheal lumen of the intrathoracic part of the trachea can be due to mucosal thickening (tracheitis,FIP), and the dynamic tracheal collapse secondary to obstruction of the upper respiratory tract or segmental stenosis due to previous trauma. Diffuse bronchial pattern throughout the lung field with mild flattening of the diaphragm most likely compatible with feline chronic lower respiratory disease (bronchitis, feline asthma). Generalized cardiomegaly with prominent appearance of the pulmonary veins but no clear interstitial to alveolar pulmonary changes.

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	7.36	NM	0.35	1.66	0.55	48.79	--
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	1.7	2.0	1.8		0.83	0.69	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: 0.85

Cardiac Presentation

The left atrium is severely enlarged. 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 no concentric hypertrophy of the left ventricle. Portions of the left ventricular wall appear thinned and irregular. 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



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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

- Severe left atrial enlargement
- Thinning of the left ventricular walls
- Irregular portions of the left ventricular walls

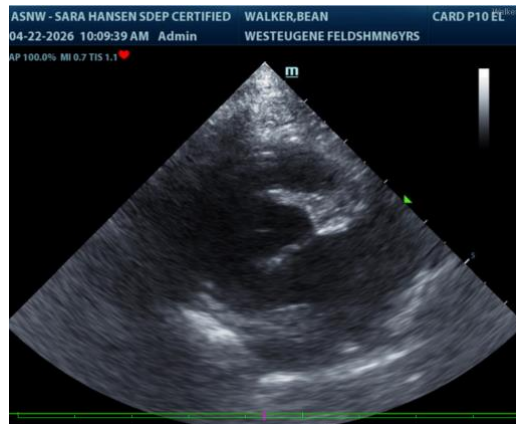
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has non-specified cardiomyopathy, meaning that the patient does not fit into a perfect category of cardiac disease. There is some thinning which may represent scarring and fibrosis. It's possible previously the patient had hypertrophic changes, but none are identified on the images provided. Given the severity of the left atrial enlargement, clopidogrel therapy is recommended at a dose of 75 mg 1/4 tablet once daily.

The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

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 blood pressure reported, I believe is 186 mmHg, which is elevated, and reassessment is recommended to ensure this is not a true elevation. If the blood pressure remains increased, recommend following ACVIM guidelines for systemic hypertension.

A recheck echocardiogram is recommended in 6 months, sooner if the patient is decompensating.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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