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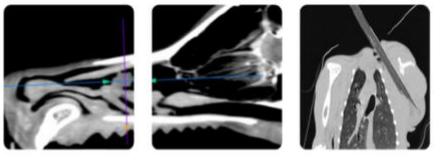

Teleradiology
Educational Teleconsultation Services™

PATIENT

Joplin Holder

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

4.6 kg

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

36831

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Recheck echo (previously done Aug. 2025)
Grade 3/6 murmur pansystolic
Blood pressure measured in January at time of AHE - average 125 systolic on doppler
Current Medications
None
Abnormal PE/Chem/CBC/UA Results: Bloodwork attached Radiographic Findings None. Primary Question to Be Answered in This Exam Any changes from previous echo? (Report attached)

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	4.6	NM	0.65	1.0	0.62	57	--
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	1.48	1.36	1.3		1.0	1.55	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: 0.43

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 without evidence of insufficiency. Aortic outflow velocities are normal. Pulmonic outflow velocities display a dynamic right ventricular outflow tract obstruction. 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

- Mild concentric hypertrophy of left ventricular walls
- Dynamic right ventricular outflow tract obstruction, benign

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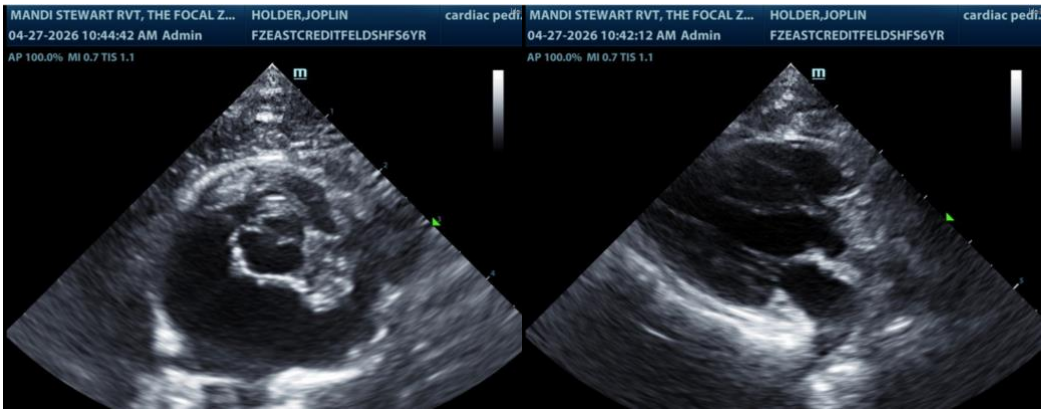
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has mild progression since the previous echo with now mild concentric hypertrophy of the interventricular septum and posterior wall. Given the normal thyroid and blood pressure assessments, this does create a diagnosis of HCM or hypertrophic cardiomyopathy due to the normal left atrial size. No cardiac therapies are recommended at this time.

Serial monitoring is recommended. A recheck echo in 6 - 12 months should be performed and continued monitoring of thyroid and blood pressure is recommended. No contraindications to elective anesthetic procedures.

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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