



PATIENT

Rocky Filker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.74 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Pospichal

INVOICE

36834

DATE

4/27/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Grade 2 R parasternal systolic murmur. Normal sinus rate and rhythm. Pulses are strong and synchronous. ABNORMAL Labwork Values: ProBNP: 454, 208 last year. Is there a Heart Murmur? If so, please grade: Grade 2. Primary question to be answered: Cause of murmur and ProBNP elevation - HCM?

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	4.43	NM	0.58	1.27	0.46	--	--
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	1.07	1.34	1.3		0.97	1.05	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

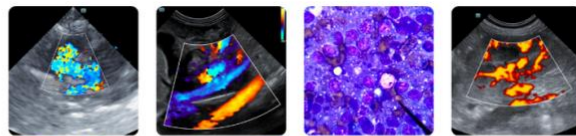
MR Vmax: ~2.0

Cardiac Presentation

The mitral valve leaflets are normal and there is trivial mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy, however the interventricular septum measures equivocally thickened. There is normal right atrial size without evidence of 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 and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Trivial mitral regurgitation
- Equivocal thickening of the interventricular septum



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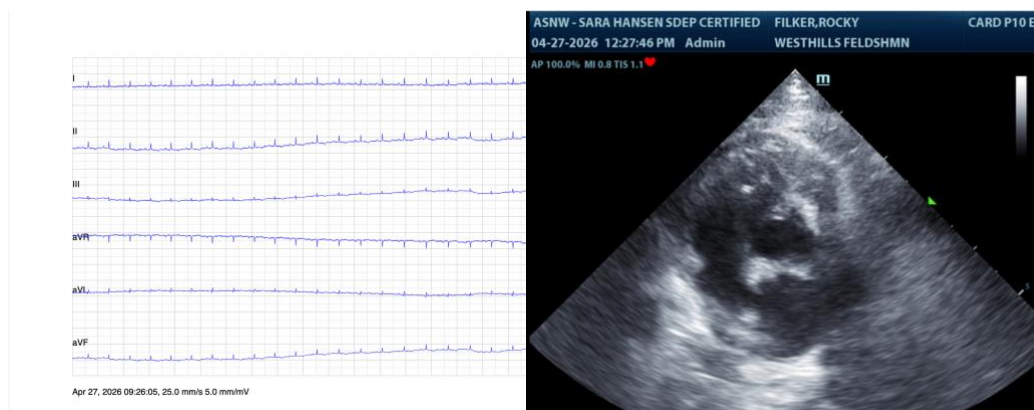
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is not identified, and the heart murmur is likely innocent versus physiologic, which can be a normal variant in cats. There's equivocal concentric hypertrophy of the interventricular septum; however, this is not likely driving the elevated proBNP. Recommend ensuring the patient is normotensive and euthyroid, as well as performing full blood work, as other blood work abnormalities can cause elevated proBNPs. Due to the equivocal findings, recheck echo is recommended in 10 - 12 months.

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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