



PATIENT

Stormie Rindal

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year

WEIGHT

11.5 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

15515

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Stormie started to have an abnormally elevated proBNP last year. We did an echocardiogram via SonoPath last November and she was diagnosed with suspected HCM. We have since done troponin I testing and infectious disease testing (fever of unknown origin panel at IDEXX) - all normal. Recheck echo to assess for changes/progression, to assess if cardiac medications are warranted, and to assess potential for Felycin therapy.

Abnormal PE/Chem/CBC/UA Results: Blood pressure: 130 systolic Crea 1.3 BUN 31 USG 1.060 ProBNP 300 in Nov 2025 (170 in August 2025) ProBNP today is 921; still no murmur or arrhythmias on exam

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	5.22	NM	0.53	1.1	0.56	--	--
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	--	1.24				~2.0	--
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 mitral valve leaflets are normal and there is no 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. Portions of the left ventricular wall appear hyperechoic. 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

- Hyperechoic left ventricular wall.



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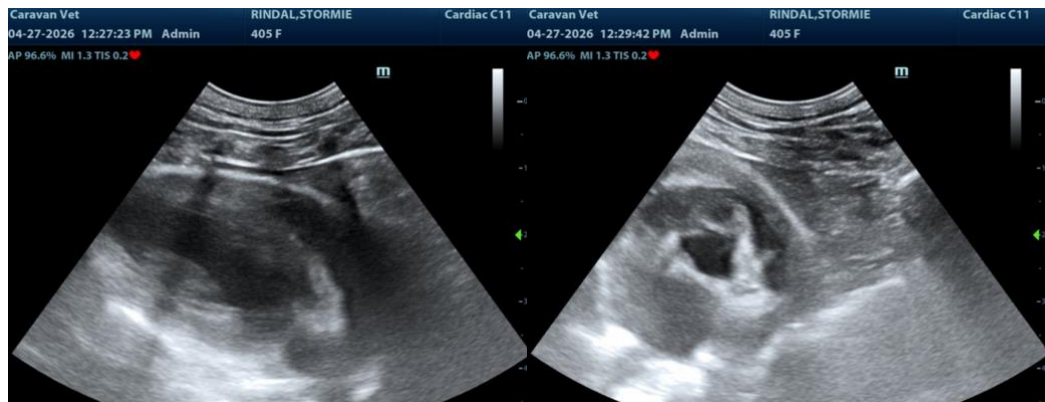
04/27/26

- Concentric hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart measures within normal limits. The left ventricular wall measurements are not thickened but are equivocally hypertrophied. Typically, wall measurements greater than 5 but less than 6 are considered equivocal.

No cardiac therapies are indicated at this time. The cause for the increasing pro BNP is not entirely known. Felcycin CA1 therapy is not indicated for this patient. I would recommend a recheck echo in 6 months, sooner if cardiovascular clinical signs are developing.



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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