

PATIENT

Rain Real Trooper
 Rescue

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years

WEIGHT

4.08 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. VonHausen

INVOICE

36875

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: - Gr 2-3 systolic heart murmur (PMI L side) Previously has resolved with administration of 100mg gabapentin. Pre-op echogram to guide sedation and induction medications safe to use for COHAT. Attempted sedation/GA for COHAT using 2mcg/kg dexdomitor and 0.2mg/kg methadone and Propofol as induction. Unremarkable/routine induction but after full mouth rads had multiple episodes of forelimb muscle extension/rigidity lasting around 30 seconds each. No changes to monitoring parameters and was at a good anesthetic plane. Elected to wake patient up and pursue echo prior to proceeding with extractions.

Abnormal PE/Chem/CBC/UA Results: Values - FIV positive, CBC/chem/lytes, TT4, WNL, except mild hyperproteinemia, characterized by hyperglobulinemia (suspected secondary to FIV and dental disease) Radiographic Findings N/A Primary Question to Be Answered in This Exam Physiologic heart murmur vs other? Considerations for sedation and GA?

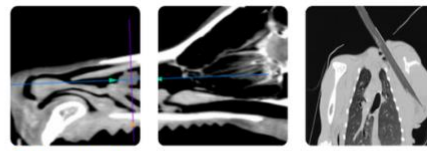
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	4.08	201	0.43	1.22	0.47	47.54	--
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	--	1.25	1.0		0.94	1.5	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: 0.64, MR VMax: ~4.0

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. 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; however, pulmonic outflow velocities display a dynamic right ventricular outflow tract obstruction.



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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

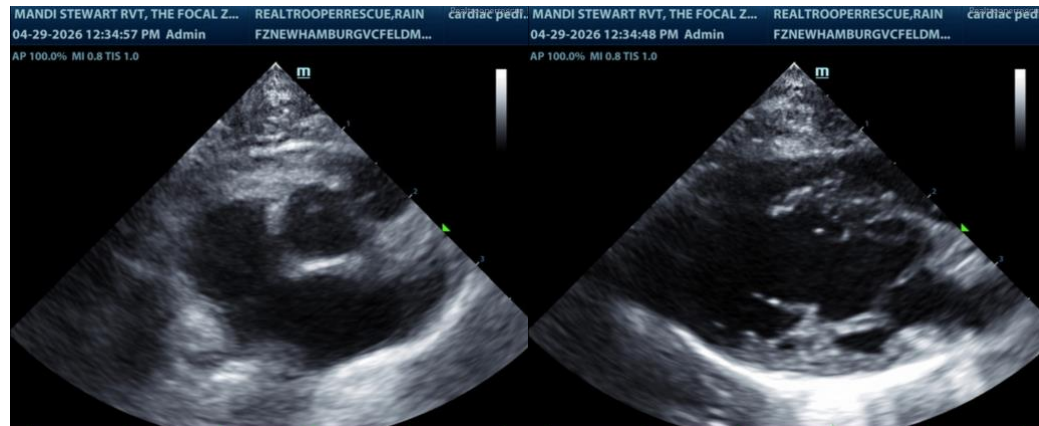
- Mitral regurgitation
- Normal left ventricular thickness
- A dynamic right ventricular outflow tract obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart measures within normal limits. The dynamic right ventricular outflow tract obstruction is a benign finding and not a cause for concern. There is trivial mitral regurgitation. This may also be contributing to the patient's heart murmur. The significance is unknown at this time and serial monitoring is recommended. Recheck echo is recommended in 10 - 12 months, sooner if any concerns or cardiovascular clinical signs develop.

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.

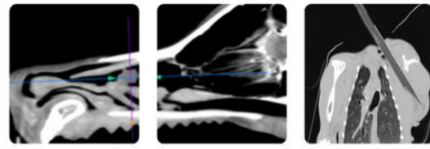
The patient is an adequate candidate for elective anesthetic procedures; however, I would recommend avoiding dexmedetomidine in the future.



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.

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info@SonoPath.com

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