

PATIENT

Stormwind Varneke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

13.8 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Tiffany Brady, DVM

INVOICE

36876

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Previous CT (2/19/25) of the head revealed a soft tissue mass of the nasopharynx (biopsy results consistent with an adenocarcinoma). and a small brain tumor in the forward aspect of the right frontal lobe that was most consistent with a meningioma. A Cyberknife radiation for the brain tumor and nasal cancer were completed March 27, 2025. She did well for about 7 months with minimal nasal discharge but in September she began sneezing more nasal discharge which has progressed despite trials of cefpodoxime, Convenia, azithromycin, Veraflox, and prednisolone P also has history of stable grade 2 heart murmur. Ultrasound performed to evaluate heart and to assess for metastatic disease prior to returning to specialist for additional workup for return of nasal symptoms. Currently on Dasuquin, Amlodapine, and Azithromycin

Abnormal PE/Chem/CBC/UA Results: BP performed today on tail base 140, 144, 144 mmHg

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	6.27	NM	0.44	1.2	0.53	47.5	NM
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	NM	1.15	--	~1.2	~1.0	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:0.63

Chest Radiographic Interpretation

The cardiac silhouette is normal. No evidence of cardiogenic pulmonary edema.

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. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no



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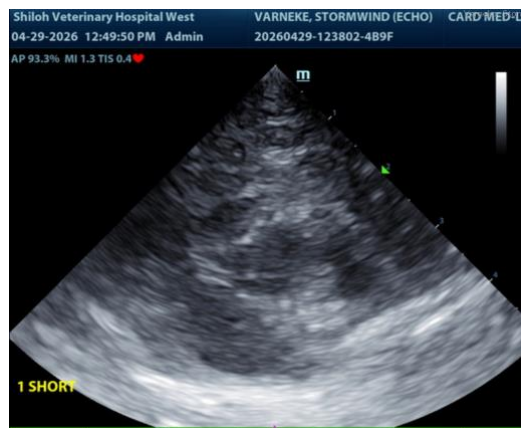
evidence of pulmonary hypertension on the images provided. The right ventricle appears normal in structure and function subjectively. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. 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

- Structurally normal heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart is structurally normal. A cause of the murmur is not identified, therefore, likely innocent versus physiologic. Can consider a recheck echo in a year, given the patient's history of having a heart murmur, sooner if cardiovascular clinical signs develop. There are no contraindications to anesthesia or procedures that the patient may need.



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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