

PATIENT

Dexter Theriault

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

2 Years

WEIGHT

6.67 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

Grade VI/VI cardiac murmur auscultated bilaterally; murmur audible off the thoracic wall. Palpable precordial thrill detected. Heart rate elevated (tachycardia noted). Murmur severity is not consistent with a stress-induced murmur. L eye has belpharospasm with conjunctival hyperemia. Bilateral scleral injection noted. Ears clean. Moderate tartar accumulation noted on the molar/premolar teeth. Gingival mucous membranes pink and moist. Abdomen comfortable on palpation. Current Medications Tobradex ointment

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	6.67	88	0.56	1.44	0.48	40.97	--
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	1.07	1.03	NM	1.38	0.89	0.85	
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							

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Novel Vet Clinic

REFERRING VET

Dr. Knapp

INVOICE

15606

DATE

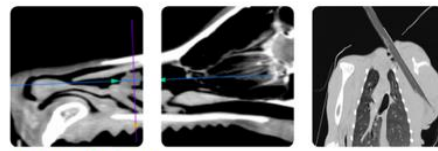
04/30/26

Cardiac Presentation

The heart rate is recorded as 88, which is severely bradycardic for a cat. The mitral valve leaflets are normal and there is mild mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is within normal limits. Left ventricular systolic function appears preserved. Left ventricular diastolic dimensions are within normal limits. There is evidence of systolic anterior motion of the mitral valve and there is a discrete step up in velocities through the left ventricular outflow tract. There is evidence of a kissing lesion at the level of SAM, and the left ventricular myocardium appears hyperechoic in some regions. Left ventricular walls measure equivocally hypertrophied. 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

- Mitral regurgitation.



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- Bradycardia.
- Equivocal concentric hypertrophy.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's heart rate is recorded to be bradycardic. If on auscultation the patient truly has a heart rate of less than 100, that is severely bradycardic. An emergent evaluation is recommended.

BREED

Maine Coon

If the patient was sedated, even still, that low of a heart rate is concerning. Recommend ensuring the patient's heart rate is normal. In history, the patient is listed as tachycardic.

SEX

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The cause of the murmur is likely due to the mitral regurgitation. While there is no evidence of concentric hypertrophy, portions of the left ventricular wall measure equivocally hypertrophied. This may represent underlying or emerging disease and serial rechecks are recommended as long as the heart rate is verified to be normal.

AGE

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Recommend a recheck echo in one year, sooner if the patient is developing cardiovascular clinical signs.

WEIGHT

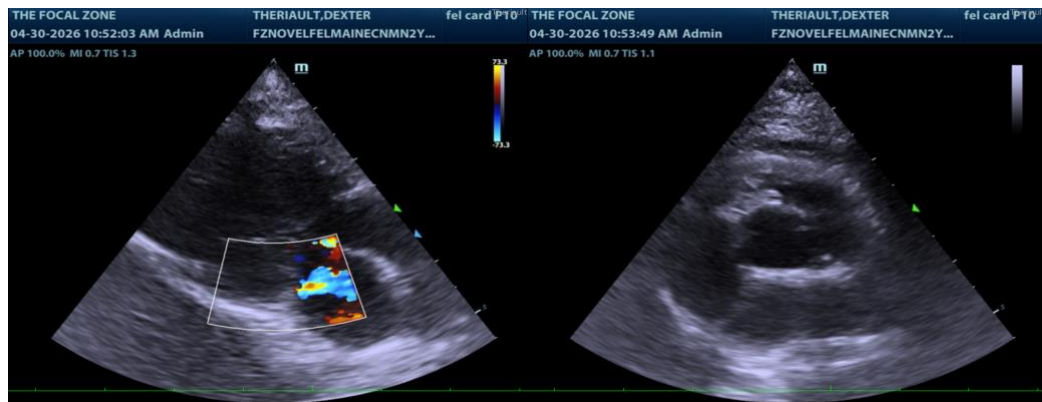
6.67 kg

Elective anesthetic procedures, again, as long as the heart rate is normal, should be well tolerated.

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.

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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.

HOSPITAL NAME

Novel Vet Clinic

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.

REFERRING VET

Dr. Knapp

Sara Brethel DVM, DACVIM (Cardiology)

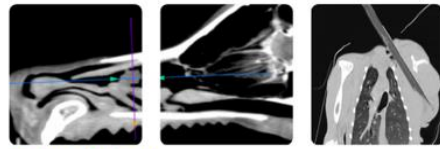
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