



PATIENT

Gandalf Jacobs

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

3.3 Years

WEIGHT

16.9 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Beth Mehaffey

INVOICE

14923

DATE

04/07/26

PRESENTING CLINICAL SIGNS

Hx: Patient sedated with butorphanol. Recheck echo. Last echo on 10/21/25. Diagnosed with HOCM, mitral regurgitation, LAE, mild LVOTO. Patient remains aclinical. Grade III L and R parasternal murmur. Blood pressure today 128, 134, 137 mm HG systolic. Patient is an employee pet and with informed consent was started on Felycin-CA 1 2.4 mg PO once weekly. Has been taking since 11/1/25. Bloodwork has been monitored and has remained normal. Patient is tolerating medications well. Chronic medication: Clopidogrel 75 mg - 1/4 tab PO SID.

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	7.68	NM	0.57	1.59	0.73	46.54	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)	LVIDs (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	1.78	1.61	1.9		1.83	0.66	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							

Cardiac Presentation

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 moderately increased. 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. The interventricular septum measures thicker at the kissing lesion, the rest of the septum appears at the low normal to thinner side. There is concentric hypertrophy of the posterior wall. Left ventricular walls measure 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



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- HOCM Stage B2.
- Left atrial enlargement.
- Thinning of the interventricular septum with a septal bulge at the level of the systolic anterior motion and mild to moderate thickening of the posterior wall.

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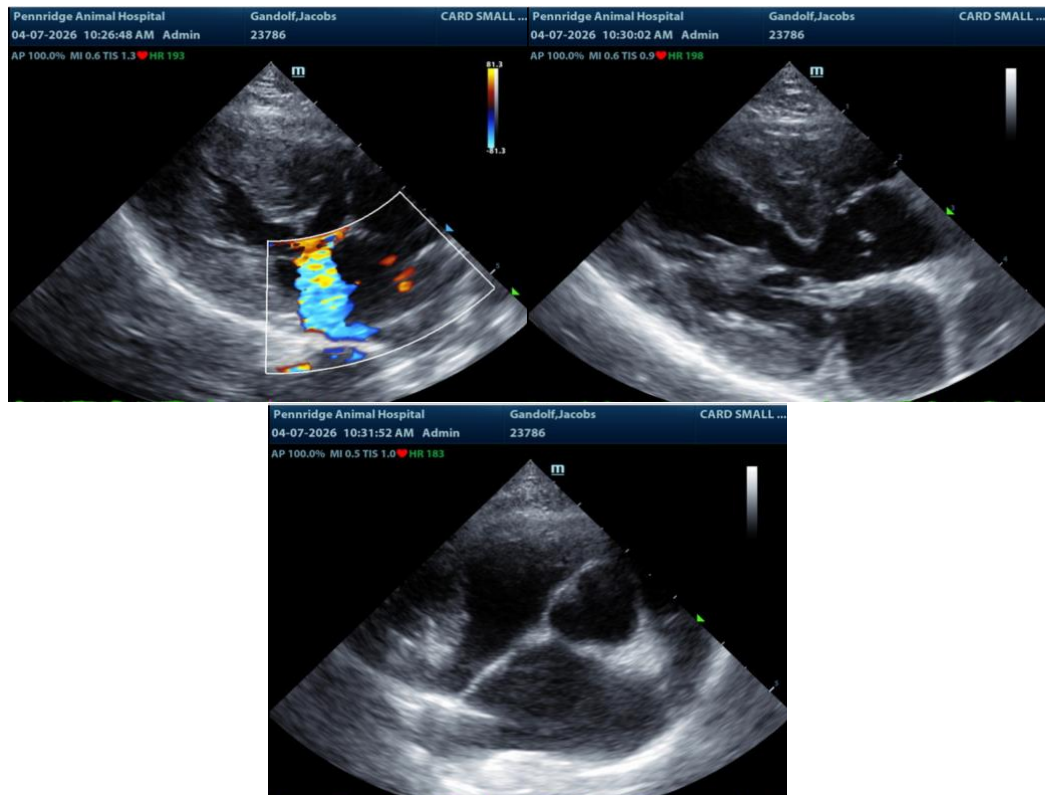
04/07/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has HOCM with moderate left atrial enlargement. There is a mild subclinical left ventricular outflow tract obstruction. No additional therapies are indicated. Recommend continued monitoring while the patient is receiving Felycin CA1. Continue clopidogrel therapy is recommended. Recheck echo is recommended in 6-9 months, sooner if the patient is developing cardiovascular clinical signs.

The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing then chest radiographs are recommended.

Reported blood pressures are within normal limits.



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.



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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)

info@SonoPath.com