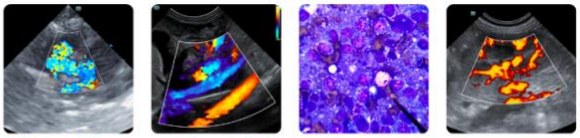

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Jimmy Walsh

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

13.31 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners VC, Eugene

REFERRING VET

Dr. Sinkowski

INVOICE

36507

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Normal clinical exam
ABNORMAL Labwork Values: proBNP abnormal
For ECHO Only: Blood Pressure: unable to obtain
HR/RR/BP: HR 200 RR 30
Is there a Heart Murmur? If so, please grade: no
Current Medications: monthly flea control
Radiographic Findings: no radiographs taken
Notes to Specialist (if any): This pet needs a dental cleaning and we are looking for appropriate anesthetic protocols.

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	6.05	NM	0.61	1.15	0.67	56.52	--
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	--	1.79	2.25		--	0.75	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: 0.5

ECG Interpretation

Sinus rhythm with occasional isolated ventricular premature complexes that display monomorphic appearance.

Cardiac Presentation

The left atrium is enlarged. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal without evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves are normal without evidence of insufficiency. Aortic and pulmonic outflow velocities are within normal limits. The aorta and

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PA are normal along with the associated PA branches. There is no evidence of pleural effusion. There is scant pericardial effusion. No evidence of intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Left ventricular concentric hypertrophy
- Moderate left atrial enlargement
- Scant pericardial effusion

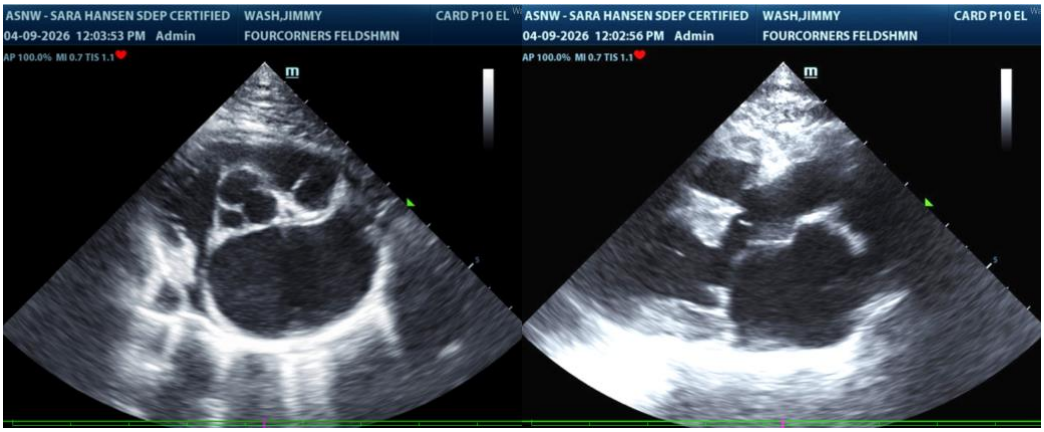
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has evidence of left ventricular concentric hypertrophy and is classified as a stage B2 due to the increased left atrial size. If not already performed, it is recommended to ensure that patients blood pressure is normal and the patient is euthyroid. Clopidogrel therapy at 18.75mg (75mg tablet: ¼ tablet by mouth every 24 hours) is recommended to help reduce the risk for a blood clot. Since this can be a progressive condition, serial monitoring is recommended. It's recommended to recheck an echocardiogram in 6 months, sooner if the patient develops cardiovascular clinical signs.

The patient does have some pericardial effusion; this could be an early indication of cardiac decompensation. Elective anesthetic procedures are not recommended at this time. To help facilitate office visits, blood pressures, and blood work, I recommend considering gabapentin +/- trazodone as needed for this patient. Can consider looking into institutions that are currently enrolling in the HALT study as well.

If the patient has any evidence of respiratory changes, chest radiographs are recommended, and heart failure therapy should be initiated. 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.

Unfortunately, with the arrhythmias, it's likely secondary to the structural disease. The patient, while rare, is at an increased risk for sudden cardiac death.



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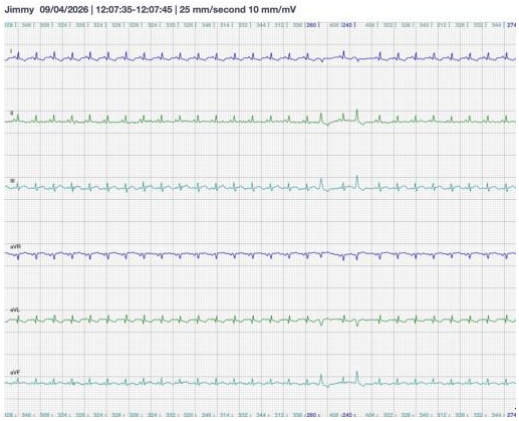

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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