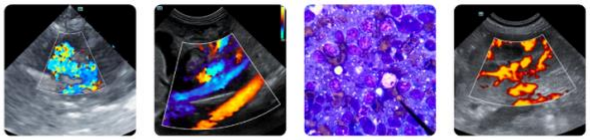


PATIENT

Dobby Vesey

SPECIES

Feline

BREED

Sphynx

SEX

Neutered Male

AGE

4 Years

WEIGHT

8.8 lbs

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Kristen Carpenter

INVOICE

15852

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Patient was not sedated. Patient is presenting for yearly ultrasound monitoring of HOCM. Hx of mild LVOTO with secondary MR and left ventricular wall hypertrophy (mild). Patient is asymptomatic. Stable grade 2-3/6 L parasternal murmur. Chronic meds: Atenolol 25 mg - 1/4 tab PO SID. Thyroid monitoring panel 11/29/25 - T4- 2.2 (0.8-4.7), mild lymphocytosis. Blood pressure 5/6/26 - 133 mm HG systolic

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	4.0	NM	0.57	1.1	0.74	38.18	--
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	2.17	1.86	1.77		~3.0	1.42	0.68

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. There is mild to moderate left atrial enlargement. 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 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

- Hypertrophic obstructive cardiomyopathy.
- Mild to moderate left atrial enlargement.

PATIENT

Dobby Vesey

SPECIES

Feline

BREED

Sphynx

SEX

Neutered Male

AGE

4 Years

WEIGHT

8.8 lbs

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Kristen Carpenter

INVOICE

15852

DATE

05/06/26

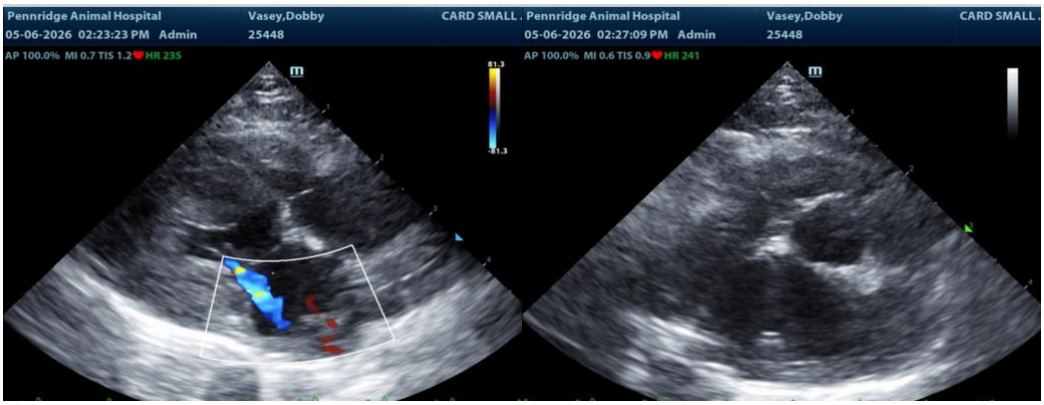
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has hypertrophic obstructive cardiomyopathy. There appears to have been progression with mild to moderate left atrial enlargement. I recommend starting clopidogrel at a dose of 18.75 mg once daily, i.e. a quarter of a 75 mg tablet. This is a bitter pill. Recommend hiding in pungent smelling foods and administering within a gel capsule.

Due to the left atrial enlargement, this does increase the patient's risk for other complications such as arrhythmias, congestive heart failure, and aortic thromboembolisms, which is why clopidogrel is indicated at this time. Can continue the atenolol at the current dose.

The reported blood pressure is within normal limits. 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.

I would recommend a recheck echocardiogram in six months to monitor for any further progression.



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