



PATIENT

Klaus Flormata

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

4.03 kg

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Stan Gira

HOSPITAL NAME

Southpointe PH

REFERRING VET

Dr. Kyle Mizen

INVOICE

15857

DATE

05/06/26

PRESENTING CLINICAL SIGNS

A grade 3/6 heart murmur is auscultated. Follow up echo to assess prior to possible dental procedure at a specialty dental practice

Abnormal PE/Chem/CBC/UA Results: Diagnosed with IRIS stage 2 chronic kidney disease.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	MR (m/s)	TR (m/s)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6		
PATIENT	4.03	NM	0.59	1.2	0.68	4.0	3.0
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	NM	1.26	1.49	1.06	0.87	--	
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 appear normal. There is mild mitral regurgitation directed towards the free wall. The left atrial size appears at the upper limits of normal on long axis and within normal limits on short axis assessment. Discrete systolic anterior motion of the mitral valve is not identified, nor is there evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function subjectively appears preserved. There is evidence of concentric hypertrophy of both the septal and posterior wall. There is right atrial enlargement with tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets with mild evidence of pulmonary hypertension. Subjectively, the right ventricle appears normal in structure and function. The aortic valve appears bicuspid with a dilation. However, an obstruction is not identified. Pulmonic valve leaflets are difficult to visualize, but the outflow velocities are normal. There is no evidence of pulmonic insufficiency. There is evidence of aortic insufficiency. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Left ventricular concentric hypertrophy.
- Left atrium at the upper limits of normal.
- Bicuspid aortic valve.
- Right atrial enlargement.
- Mild pulmonary hypertension.



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- Dilated aorta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

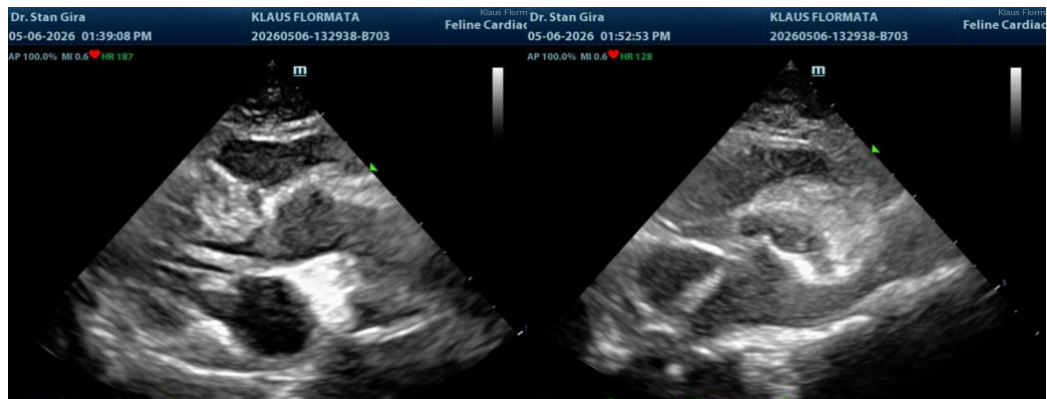
The patient has several complex conditions. The exact nature and diagnosis are difficult to determine. With the appearance of the aortic valve, a congenital component is most likely. It is unclear if the right atrial changes are secondary to acquired disease versus similarly a congenital component.

Given the patient's lack of clinical signs and need for an oral health assessment, I do think the patient would be an adequate candidate. Bearing in mind, this patient is at an increased risk for elective anesthetic procedures. Complications can include decompensation into congestive heart failure, endocarditis and possible worsening of pulmonary hypertension.

Due to the abnormalities with the aortic valve, I would recommend prophylactic antibiotics three to five days prior to elective anesthetic procedures, during the procedure and three to five days post-operatively. Due to the abnormal aortic valve, an increased risk for endocarditis.

Broad spectrum antibiotics should be well tolerated. I would recommend ensuring the patient's blood pressure is normal, monitoring the kidney values as well, and monitoring for any signs of right-sided heart failure.

No cardiac therapies are indicated at this time. Recheck echo in six months, sooner if the patient is developing any other cardiovascular clinical signs.



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



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