



PATIENT

Lil Pister Brooks

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.32 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan VS

REFERRING VET

Dr. Andrea Nason

INVOICE

35956

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Patient had a vasovagal reaction last year after an attempted jugular blood draw. As part of the work up to evaluate for underlying cause, an echo was done through SonoPath that showed Left ventricular posterior wall upper limits of normal to equivocally concentric hypertrophied with Normal left atrial size. He is present for a routine dental procedure today. Recheck cardiac work up to assess for confirmed HCM and/or progression. If confirmed HCM, candidate for Felycin therapy.

Abnormal PE/Chem/CBC/UA Results: crea 1.6, SDMA 11, BUN 24 Blood Pressure 122 systolic proBNP 24 T4 2.1 ug/dL

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	5.6	NM	0.49	1.21	0.44	43.8	--
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	--	1.12	--		--	~0.8	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: 0.68

ECG Interpretation

Sinus rhythm with a left anterior fascicular block.

Chest Radiographic Interpretation

Normal cardiac silhouette. No evidence of cardiogenic pulmonary edema.

Cardiac Presentation

The mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no



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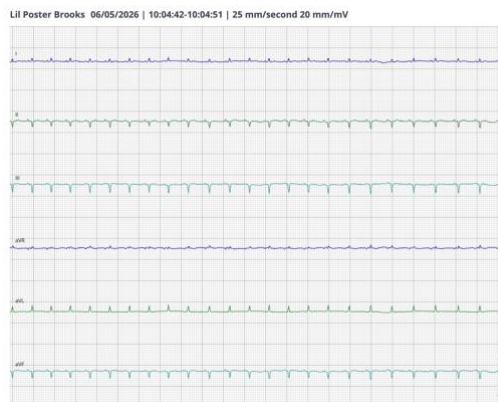
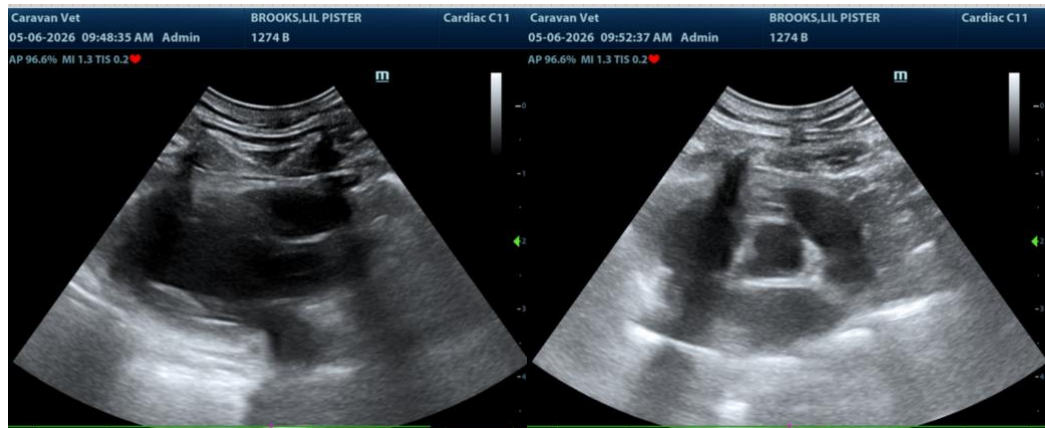
evidence of pulmonary hypertension on the images provided. The right ventricle appears normal in structure and function subjectively. The aortic and pulmonic valves have normal morphology, and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. 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

- Structurally normal heart on echo
- Left anterior fascicular block on ECG

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is structurally normal. There's no evidence of HCM. This is a breed at risk of developing HCM, so serial monitoring and a yearly echo is recommended. The cause of the previous posterior wall hypertrophy is not known. The left anterior fascicular block can be a normal variation or an indication that the patient may at some point develop concentric hypertrophy due to the lack of concentric hypertrophy on the current images. The patient is not a candidate for Felcycin CI-1. To be cautious, you can consider avoiding dexmedetomidine and ketamine. The patient has no contraindications to general 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.

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)

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