

**PATIENT**

Frankie Russel-White

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

9.2 lbs

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

University Animal  
Hospital Greensboro

**REFERRING VET**

Dr. Hunt

**INVOICE**

15892

**DATE**

05/07/26

**PRESENTING CLINICAL SIGNS**

P presented for echo due to tachycardia, hypertension, littermate died of HCM, P is currently on Amlodipine, Lasix, Pimobendan, spironolactone, Felycin. P has a history of asthma and responds well to fluticasone

**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	4.18	NM	0.55	1.3	0.43	43.84	--
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	--	1.41	1.33	1.24	1.33	0.73	

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**

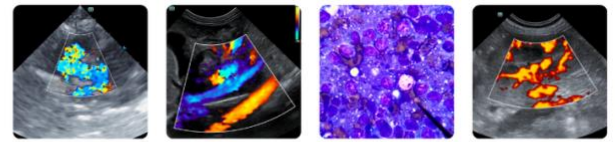
The left atrium is within normal limits. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and there does appear to be a dynamic mild left ventricular outflow tract obstruction. There is equivocal concentric 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 pulmonic outflow velocities display a dynamic right ventricular outflow tract obstruction. Aortic and pulmonic outflow velocities are within normal limits. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ULTRASONOGRAPHIC FINDINGS**

- Equivocal concentric hypertrophy.
- Normal left atrial size.
- Dynamic left ventricular outflow tract obstruction.
- Dynamic right ventricular outflow tract obstruction (benign).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient has a normal left atrial size. It is unclear if the patient requires Lasix, Pimobendan, or spironolactone at this time. If there is no history of respiratory distress and if there is no history of



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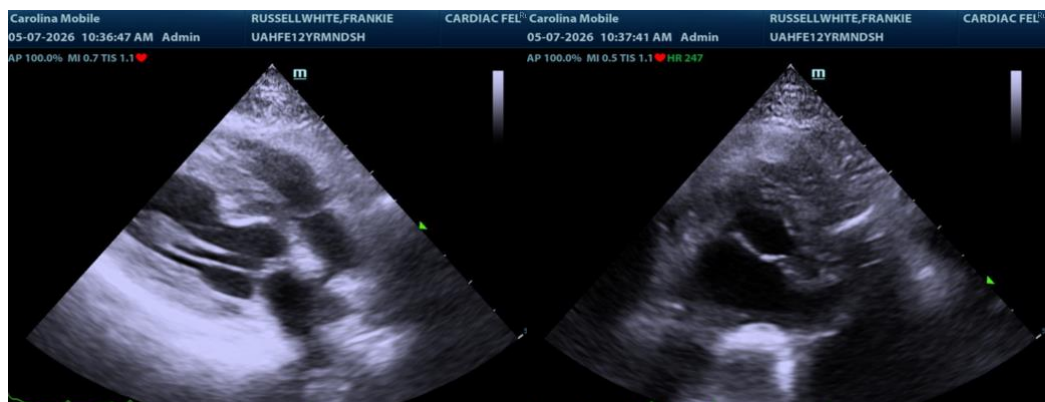
05/07/26

previous congestive heart failure, I would recommend discontinuing those three therapies.

A blood pressure is not provided. If the blood pressure has been historically documented at above 160 mmHg, then I recommend continuing to follow ACVIM guidelines for systemic hypertension for this patient.

While there is equivocal concentric hypertrophy of the left ventricle, the left ventricular walls do not measure greater than 6 mmHg. Therefore, Felycin is not indicated at this time. However, if the patient has been on this therapy for a prolonged period of time, i.e. greater than 6 months, I cannot rule out a component of reduced hypertrophy secondary to the therapy. Therefore, if the patient is tolerating it and blood work remains normal, and the patient does not have a history of diabetes or is not pre-diabetic, then can continue this therapy.

An ECG is not provided. I cannot comment on the patient's reported tachycardia. However, throughout the echo, the ECG appears to be normal sinus. Some feline patients can have reduced sizes of their hearts when on diuretic therapy. Therefore, if discontinuing the furosemide, I would recheck an echo in 4-6 months.



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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