



PATIENT

Mowgli Palmer

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

10.22 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Aumsville AC

REFERRING VET

Dr. Routledge

INVOICE

37582

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: P presented for bite wounds and painful back on 6/4/26. P in Stage 2 CKD, on Hill's k/d. Vitals wnl. Pain elicited on lumbosacral palpation, but ambulatory x4 without any obvious lameness. PE was otherwise unremarkable - unable to appreciate any heart murmur. No clinical signs of cardiac disease at this time. ABNORMAL Labwork Values: Please see attached medical records in email. For ECHO Only: Blood Pressure: Not taken - P is a caution. Last recorded systolic BP by another vet was 140 mmHg when sedated in 2025. HR/RR/BP: HR 180, RR 40, BP not taken (P is a caution). Is there a Heart Murmur? If so, please grade: No. Current Medications: Gabapentin.

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	4.64	NM	--	--	--	--	--
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	1.95	1.87	--		0.96	0.89	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							

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

ULTRASONOGRAPHIC FINDINGS

- Left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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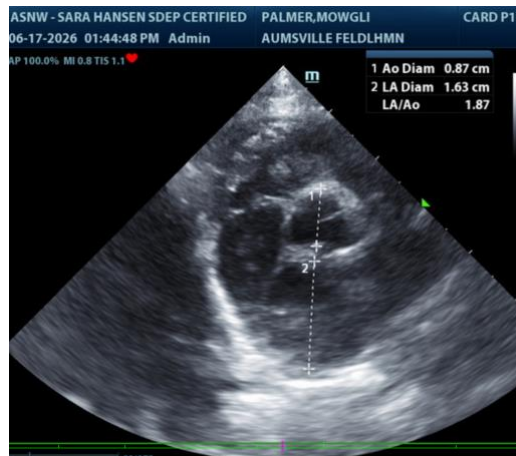
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It is difficult to determine if there is true left ventricular concentric hypertrophy based upon the images provided. Left ventricular outflows are normal. Given the severity of the left atrial enlargement, I recommend starting clopidogrel therapy, ¼ of a 75 mg tablet once daily. This will be a lifelong therapy. It is bitter in taste, I recommend hiding it in something pungent like liverwurst or a Churu. Fluid therapy, if needed, given the patient's CKD, should be proceeded with caution due to the severity of the left atrial enlargement. I recommend ensuring the patient continues to be normotensive and euthyroid. A Recheck echo is recommended in 6 months, sooner if cardiovascular signs develop.

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.



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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