

PATIENT

Tony Temples

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2016

WEIGHT

11.85

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

The Village
 Veterinarian

REFERRING VET

Dr. Kelly Longanecker

INVOICE

37574

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur.

Abnormal PE/Chem/CBC/UA Results: RBC 5.55, HCT 27.1, Hgb 9.1, SDMA 12, Crea 2.4, BUN 36, K 2.7

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	5.38	NM	0.59	1.3	0.75	--	--
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	--	1.16	1.58		4.4	~1.2	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

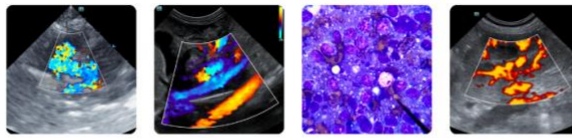
MR Vmax: 5.5

Cardiac Presentation

The mitral valve leaflets are normal and there is mild mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is within normal limits. 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 a moderate obstruction present. 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
- Normal left atrial size
- Moderate obstruction



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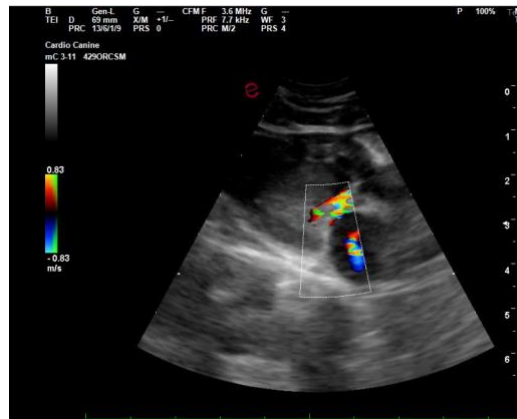
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has hypertrophic obstructive cardiomyopathy, stage B1 with a moderate obstruction. In the absence of clinical signs, no therapies are indicated at this time. The cause of the proBNP being elevated is likely due to the concentric hypertrophy affecting the left ventricular wall. A recheck echocardiogram is recommended in 6 months to monitor for further progression. Anecdotal steroid therapy is not recommended for this patient due to the increased risk of steroids in feline patients with underlying cardiac disease, however, if steroids are needed, recommend close monitoring of breathing rates when initiating therapy. Recommend ensuring blood pressure is normal along with thyroid hormone if that has not already been performed.



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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