Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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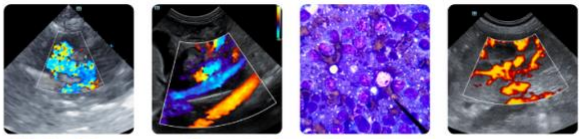

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Velvet Sotorske

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

1 Years

WEIGHT

2.8 kg

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, DACVIM

HOSPITAL NAME

VCA Palmetto

REFERRING VET

Dr. Ghiorzi

INVOICE

37569

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: Screening echocardiogram (breed predisposition to HCM);
May have transient grade 1/6 murmur.

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	2.8	NM	0.53	1.57	0.58	47.13	--
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	1.64	1.5	1.4		~1.2	~1.3	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: 0.83, RAD: 1.44, TR Vmax: ~2.5

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 mildly increased. Left ventricular systolic function appears preserved. Left ventricular diastolic dimensions are within normal limits. There appears to be systolic anterior motion of the mitral valve, however, a left ventricular outflow tract obstruction is not identified. There is no evidence of a kissing lesion at the level of SAM, however, portions of the left ventricular myocardium do appear hyperechoic. Left ventricular walls measure equivocally hypertrophied. There is mild right atrial enlargement with mild 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

- Mitral regurgitation
- Mild left atrial enlargement
- Mild right atrial enlargement
- Tricuspid regurgitation

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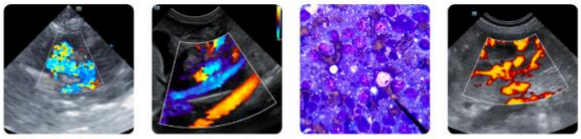

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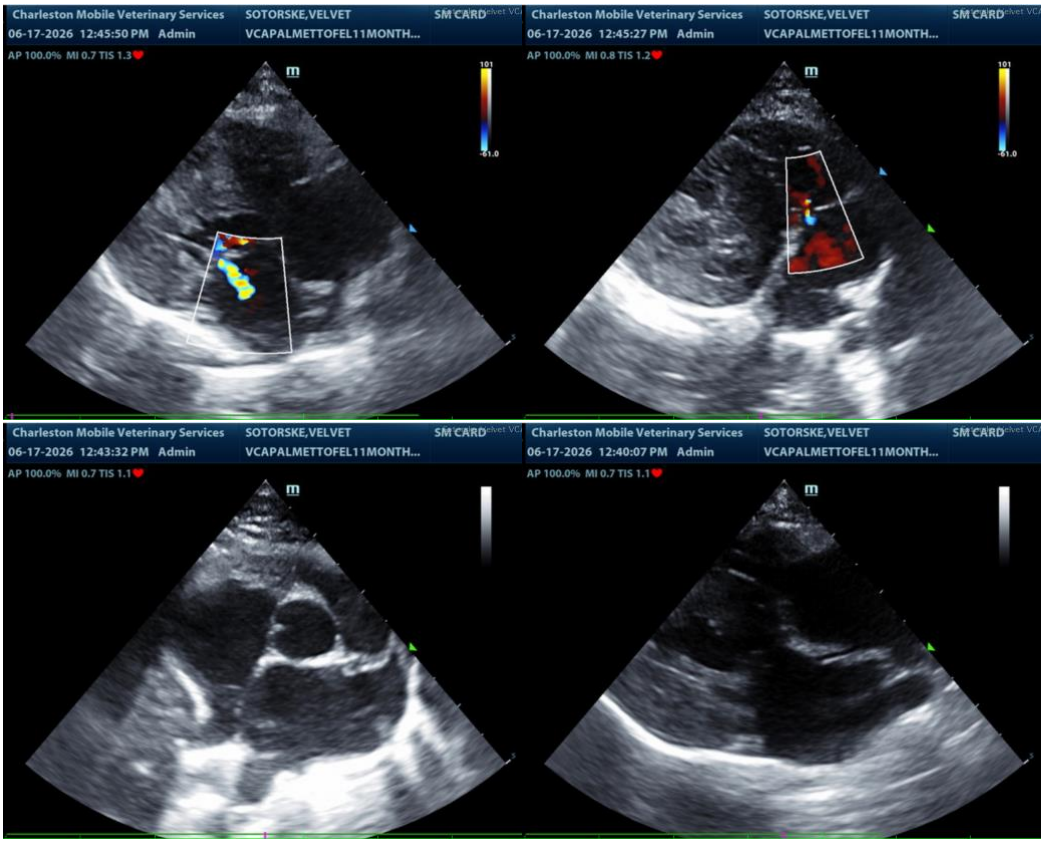
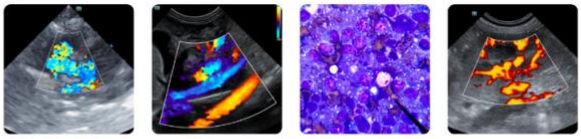
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has equivocal concentric hypertrophy of the left ventricular wall, mitral regurgitation, tricuspid regurgitation, and mild left and right atrial enlargement. While the walls are not specifically hypertrophied, I am concerned about primary hypertrophic cardiomyopathy with a potential obstructive component given the mitral regurgitation. However, a non-specified form of cardiomyopathy cannot be ruled out. Given the patient's age, can also consider other differentials such as an infectious component. Can consider infectious disease testing if there's a high index of suspicion. I would hold on cardiac medications at this time, but I would recheck an echo in 4-6 months, sooner if the patient is developing cardiovascular clinical signs. If possible, I would hold on elective anesthetic procedures at this time, and I would advise against the use of steroids in this patient. Would recommend ensuring full blood work is normal, along with the thyroid hormone and blood pressure despite the patient's young age. Other diagnostics to consider include an abdominal ultrasound to ensure there is no evidence of disease elsewhere that could be contributing to the cardiac abnormalities noted.



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.



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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