

## PATIENT

Bucket Rogers

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

10.62 Pounds

## INTERPRETED BY

Sara Brethel, DVM,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Andrea Nason

## HOSPITAL NAME

Caravan Vet

## REFERRING VET

Dr. Andrea Nason

## INVOICE

37288

## DATE

6/2/26

## PRESENTING CLINICAL SIGNS

History: Bucket had a routine wellness examination and a screening proBNP of 388. No murmur heard on exam and no clinical signs at home. Cardiac work up to assess for any underlying heart disease.

Abnormal PE/Chem/CBC/UA Results: SDMA 12, Crea 2.1, USG 1.040 T4 3.0, free T4 1.3 BNP 388 Blood Pressure - 220 mmHg on torb (hissing, swatting), 102 mmHg on tobr + ACE.

## 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	4.83	NM	0.38	1.38	0.42	--	--
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	NM	1.0	--		NM	~1.0	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: Underestimated

## Radiographic Interpretation

Normal thoracic study without evidence of cardiogenic pulmonary edema.

## ECG Interpretation

Sinus rhythm.

## Cardiac Presentation

The mitral valve leaflets are normal. There is trivial mitral regurgitation. The left atrial size is normal. There does not appear to be evidence of systolic anterior motion of the mitral valve. A left ventricular outflow tract obstruction cannot be ruled out based upon the images provided. 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 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



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pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

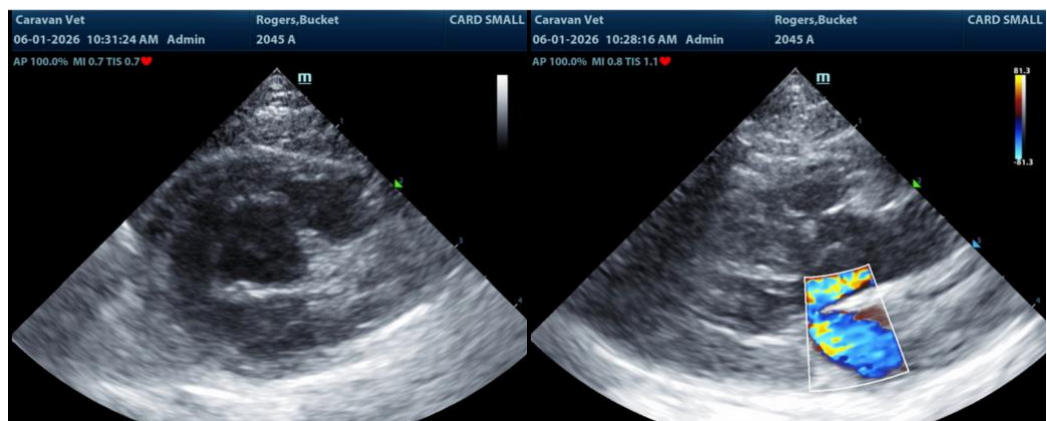
**ULTRASONOGRAPHIC FINDINGS**

- Mitral regurgitation
- Normal left atrial size
- Norma left ventricular thickness

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the patient's elevated proBNP is not entirely known. While there is mitral regurgitation, there is no evidence of concentric hypertrophy. The ECG and chest radiographs provided also appear unremarkable. The elevated proBNP may be secondary to the elevations in the patient's underlying kidney values. There is reported systemic hypertension without sedation, however, with sedation the blood pressure normalized. Can consider pre-medications with gabapentin +/- trazodone prior to veterinary appointments to help obtain more accurate readings of the patient's blood pressure and to help with anxiety and management. Given the elevated proBNP and the mitral regurgitation, cardiac disease may occur later in the patient's life and a recheck echo is recommended in 10 - 12 months, sooner if a murmur develops or the patient develops cardiovascular clinical signs. Recommend continued investigation into the elevated proBNP.

From a cardiac standpoint, elective anesthetic procedures are not contraindicated at this time. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.





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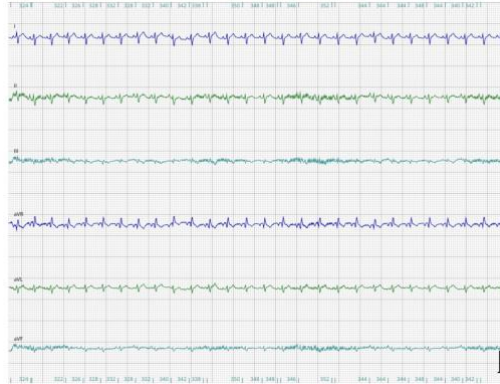
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Bucket Rogers 01/06/2026 | 10:21:54-10:22:04 | 25 mm/second 10 mm/mV



**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)

[info@SonoPath.com](mailto:info@SonoPath.com)