



PATIENT

Godiva Helfrich

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

17 Years

WEIGHT

7.9 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Stefanie Herr, VMD

INVOICE

37323

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Patient with hyperthyroidism (well managed on Methimazole), OA, Grade 2/6 heart murmur recently detected; regular rhythm. P has weight loss, severe periodontal disease and pendulous mass/fluid-filled cyst over right eye. We are trying to weigh the risks vs. benefits of anesthesia for a Grade 3 dental and removal of the mass over her eye.

Abnormal PE/Chem/CBC/UA Results: Blood pressure performed today - Size 2 cuff on tail = 180,182,182 - Size 1 cuff on tail = 142,142, 144 BNP 351

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	3.6	NM	0.66	1.3	0.46	54.46	--
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	--	1.0	--		NM	~0.8	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: 0.54

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 no evidence of a left ventricular outflow tract obstruction. There is 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 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 ventricular concentric hypertrophy
- Normal left atrial size



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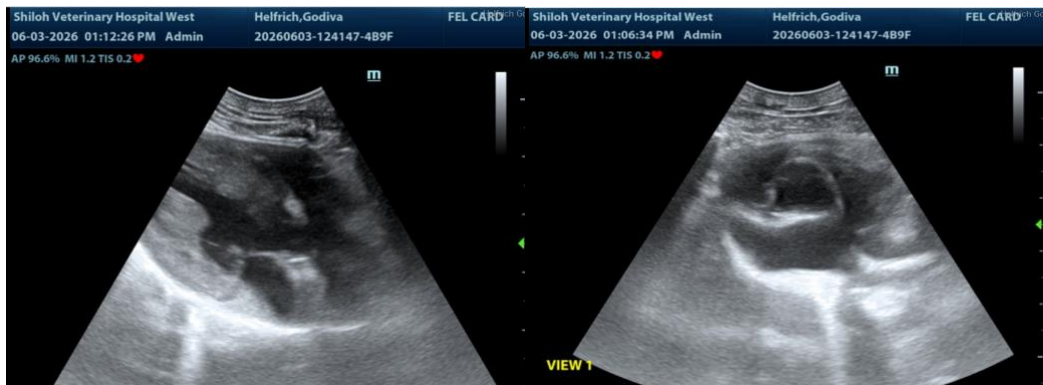
6/3/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has left ventricular concentric hypertrophy with normal left atrial size. If the thyroid hormone has not been controlled for at least 2-3 months, this may still represent a thyrotoxic cardiomyopathy, however if the thyroid hormone has been well controlled for at least 2-3 months, then the patient likely has underlying HCM and is considered a stage B1 given the normal left atrial size. The reported blood pressure with the smaller cuff is within normal limits and serial monitoring is recommended.

Based upon the images provided, the patient appears to be an adequate candidate for elective anesthetic procedures. 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.

A recheck echo is recommended in 6-12 months, sooner if the patient is developing cardiovascular clinical signs or the patient's heart murmur is worsening in intensity.



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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