



PATIENT

Jasper Richards

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

13 Pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Jonathan Shivers, DVM

INVOICE

37338

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: P has a newly ausculted murmur and rec echo to eval prior to anesthesia to Rule out HCM Grade 2/6 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	5.9	NM	0.6	1.5	0.55	54	--
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	1.25	1.53	1.78		0.81	0.67	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: 0.69, MR: ~4.0

Cardiac Presentation

The left atrium is within at the upper limits of normal to mildly increased. The mitral valve leaflets are normal and there is mild evidence of 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 equivocal to mild 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

- Equivocal to mild concentric hypertrophy of the left ventricle
- Left atrium upper of limits of normal to mildly increased

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has some equivocal to mild changes affecting both the left ventricle and the left atrium. Given the findings, this likely represents an early form of hypertrophic cardiomyopathy. No cardiac



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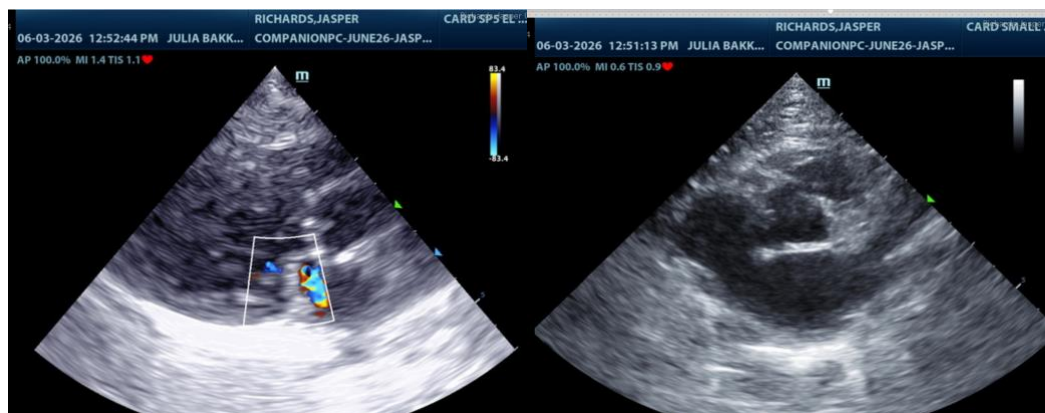
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therapies are indicated at this time, but serial monitoring should be performed. A recheck echo in 6 months is recommended. Recommended ensuring the patient is normotensive and euthyroid as well.

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

Providing that the patient is normotensive and euthyroid, elective anesthetic procedures should still be well tolerated. Due to left atrial size, I do recommend judicious perioperative fluids and avoiding therapies such as alpha-2 agonists, i.e., dexmedetomidine, and avoiding ketamine.



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