

**PATIENT**

Mistfelees Heitmeyer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Intact Female

**AGE**

1 Year

**WEIGHT**

8 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

RAD Pets

**REFERRING VET**

Dr. Mills

**INVOICE**

37316

**DATE**

6/3/26

**PRESENTING CLINICAL SIGNS**

Findings: presented for spay, not done- 6/6 murmur bilaterally. HR/RR/BP: 200/30. Is there a Heart Murmur? If so, please grade: 6/6

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	3.63	NM	--	--	--	--	--
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/)
<b>NORMAL PARAMETER</b>	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	1.74	1.39			2.47	--	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							

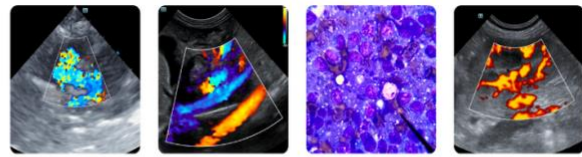
**Cardiac Presentation**

The mitral valve leaflets are normal. There is no mitral regurgitation. The left atrium is mildly to moderately increased. There is no evidence of systolic anterior motion of the mitral valve. The left ventricular outflow tract velocities are mildly increased. There is subjective left ventricular eccentric hypertrophy. There is no evidence of left ventricular concentric hypertrophy. There is normal right atrial size with evidence of tricuspid regurgitation. There is no prolapse of tricuspid valve leaflets and no evidence of pulmonary hypertension based upon the images provided. Subjectively, the right ventricle appears normal in structure and function. The pulmonic valves appear to have normal morphology along with the aortic valves. Pulmonic outflow velocities cannot be assessed. The aorta appears dilated. The pulmonary artery and associated branches appear mildly dilated. There is evidence of continuous flow in the region of the ductus.

**ULTRASONOGRAPHIC FINDINGS**

- Left ventricular eccentric hypertrophy
- Left atrial enlargement
- Patent ductus arteriosus (PDA)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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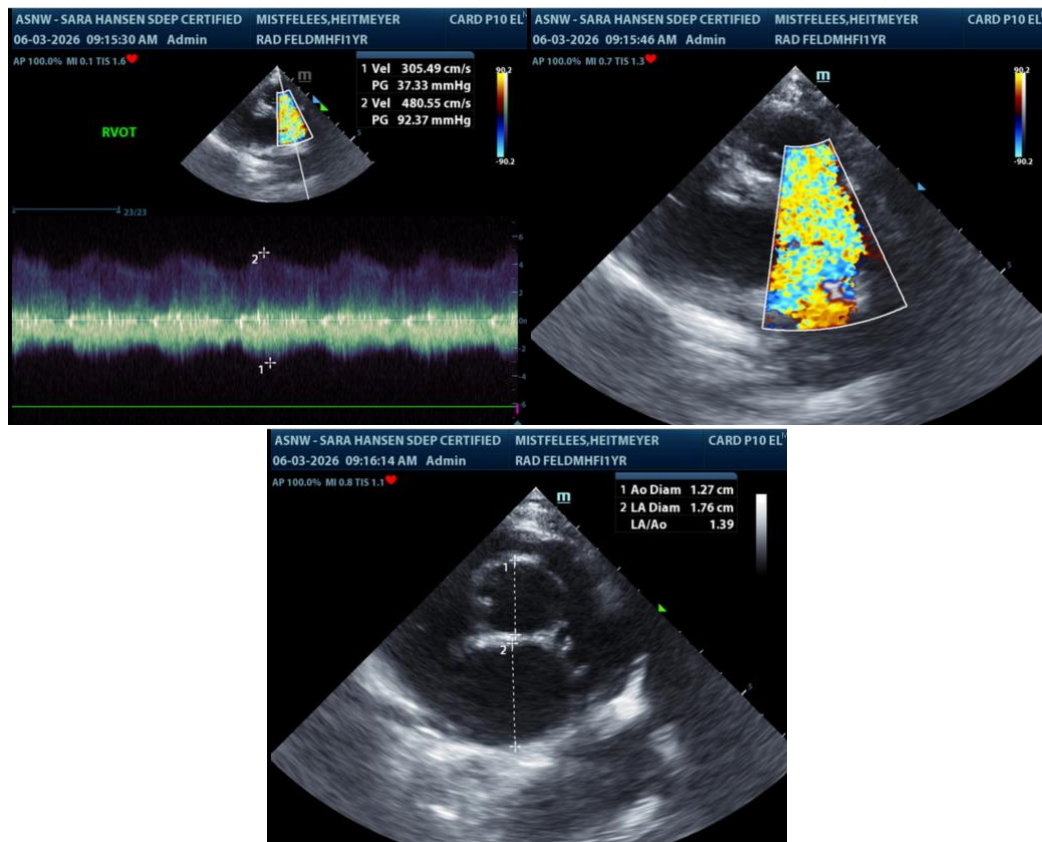
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The patient has evidence of a PDA with corresponding left sided heart enlargement. It is recommended to refer this patient for surgical correction of the PDA. Without correction, this patient will progress into congestive heart failure and have a limited lifespan. No cardiac therapies are recommended at this time. Elective anesthetic procedures should be postponed until the patient's PDA is surgically corrected. Prognosis once the PDA is corrected is usually excellent with patients going on to lead normal lifespans. The elevated aortic outflow velocities are likely secondary to increased stroke volume and should resolve once the PDA is corrected. However, a recheck echo after correction is recommended in 1-3 months.

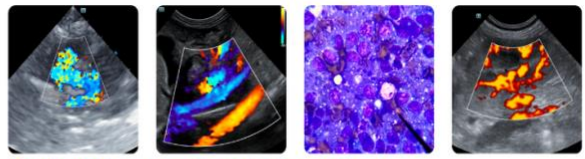


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)



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