

PATIENT

Blue Train Dickinson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.4 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Von Hausen

INVOICE

37414

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: New grade II systolic heart murmur (PMI parasternal, R side) PE otherwise WNL except significant tartar/gingivitis.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/lytes/TT4 WNL except mild non-regenerative anemia, mild lymphopenia, moderate azotemia (IRIS Stage II) Primary Question to Be Answered in This Exam Diagnosis? Stability for general anesthesia? Medications to avoid? Medications appropriate to maintain normotensive in face of renal disease and cardia disease?

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	4.4	NM	0.53	1.9	0.55	36.84	--
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	1.86	1.5	1.6		0.79	0.7	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							

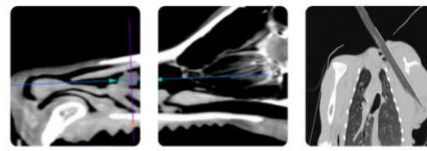
LVIDs: 1.2

Cardiac Presentation

The left atrium is mildly enlarged. The mitral valve leaflets are normal and there is trivial 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 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

- Mild left atrial enlargement
- Trivial mitral regurgitation
- Equivocal concentric hypertrophy of the left ventricle



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left atrium is mildly enlarged. The left ventricle does not measure thickened, but it does measure within a gray zone. The left ventricular diastolic and systolic measurements are at the upper limits of normal to mildly increased as well. Given the findings, a form of non-specified cardiomyopathy cannot be ruled out, however, scarring and fibrosis secondary to previous concentric hypertrophy also is a possibility. Given the patient's need for an oral health evaluation, I would hold on therapies such as clopidogrel but once the patient has healed from that procedure then I would recommend starting the patient on clopidogrel due to the mild changes of the left atrium. No other cardiac therapies are indicated at this time.

The patient is at a mildly increased risk for elective anesthetic procedures. Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face 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.

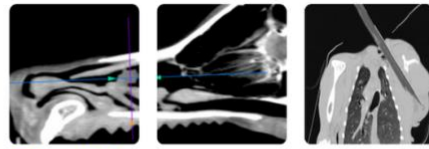
Also recommend ensuring the patient is normotensive. Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

A recheck echo is recommended in 4-6 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.



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