



PATIENT

Jasper Salamanca

SPECIES

Feline

BREED

DSL

SEX

Neutered Male

AGE

10 Years

WEIGHT

10 pounds

INTERPRETED BY

Camden Rouben,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Elakbawy

HOSPITAL NAME

Lincoln Avenue Cat
and Dog Hospital

REFERRING VET

Dr. Elakbawy

INVOICE

13372

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- presented for regular exam & severe Dental tartar, calculus & gingivitis.
- all blood results are normal except for ProBNP =(1276)
- normal renal functions
- BP= mean 152/103
- need Anesthesia clearance

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	4.54	NM	4.16 mm	--	4.43 mm	18.07	--
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	--	1.5	14.4 mm	--	--	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							

EPSS: 0.28 cm

Cardiac Presentation

The mitral valve leaflets appear mildly thickened. The left atrial size is normal. There's no evidence of systolic anterior motion of the mitral valve and no evidence of left ventricular outflow tract obstruction. Despite the fractional shortening, the left ventricular systolic function appears subjectively normal. There's no evidence of left ventricular concentric hypertrophy. The right atrial size is normal. There's no prolapse of the tricuspid valve leaflets. Right ventricle appears normal in structure and function. The aortic valves appear to have normal morphology. The aorta appears normal. There's no evidence of pleural effusion, pericardial effusion, or intracardiac masses based off of the images provided.

ULTRASONOGRAPHIC FINDINGS

- Based off of the images provided, this patient has clinically healthy cardiac structure and function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are indicated at this time as the patient has a low risk for complications associated with general anesthesia. Considering the increase in the NT-proBNP, a recheck NT-proBNP



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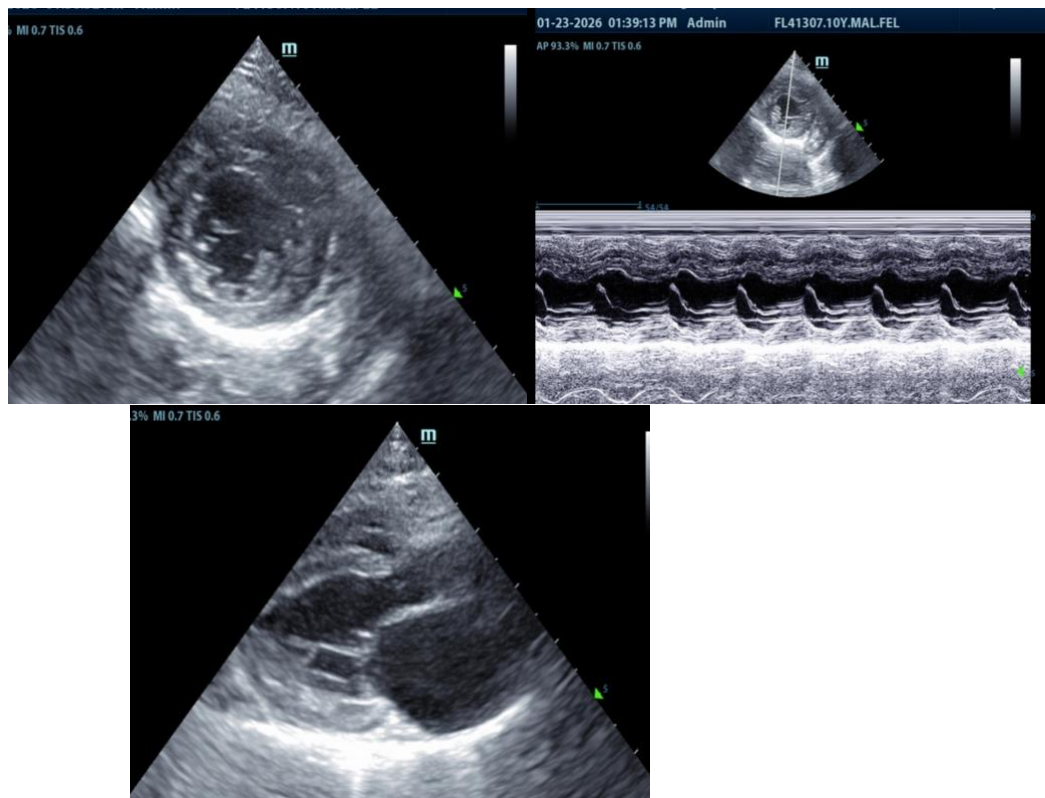
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should be performed in six months. If it is still elevated, recheck thyroid panel, blood pressure, kidney values, and potentially an echocardiogram if the NT-proBNP is elevated in the face of the patient being euthyroid, normal tensive, and having normal renal function.

The patient should have a thyroid panel performed as this could explain the increased proBNP. The patient should be seen sooner if the patient develops cardiovascular clinical signs. No activity restriction is warranted in this patient. Standard perioperative fluid rate should be well tolerated. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia, i.e., bradycardia with hypotension.



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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info@SonoPath.com



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