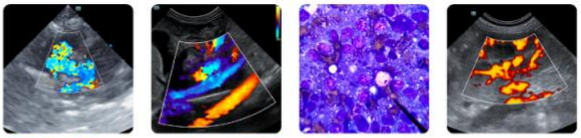

PATIENT

Shade Ball

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

4.5 Months

WEIGHT

6.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Martinsville VH

REFERRING VET

Dr. Shendell

INVOICE

35429

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: 3/6 systolic murmur persistently auscultated during routine kitten wellness visits. echo prior to anesthesia for castration. no obvious clinical signs at home.

Abnormal PE/Chem/CBC/UA Results: No concerns on CBC/chem, FELV/FIV negative 12/25. plt 343, hct 32%

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (lbs)	**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	6.1 lbs	154	0.27	1.66	0.28	37	70
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	1.3	1.2		1.30	1.07	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 echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** revealed normal apposition, however, mild tricuspid insufficiency was noted, not clinically significant. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

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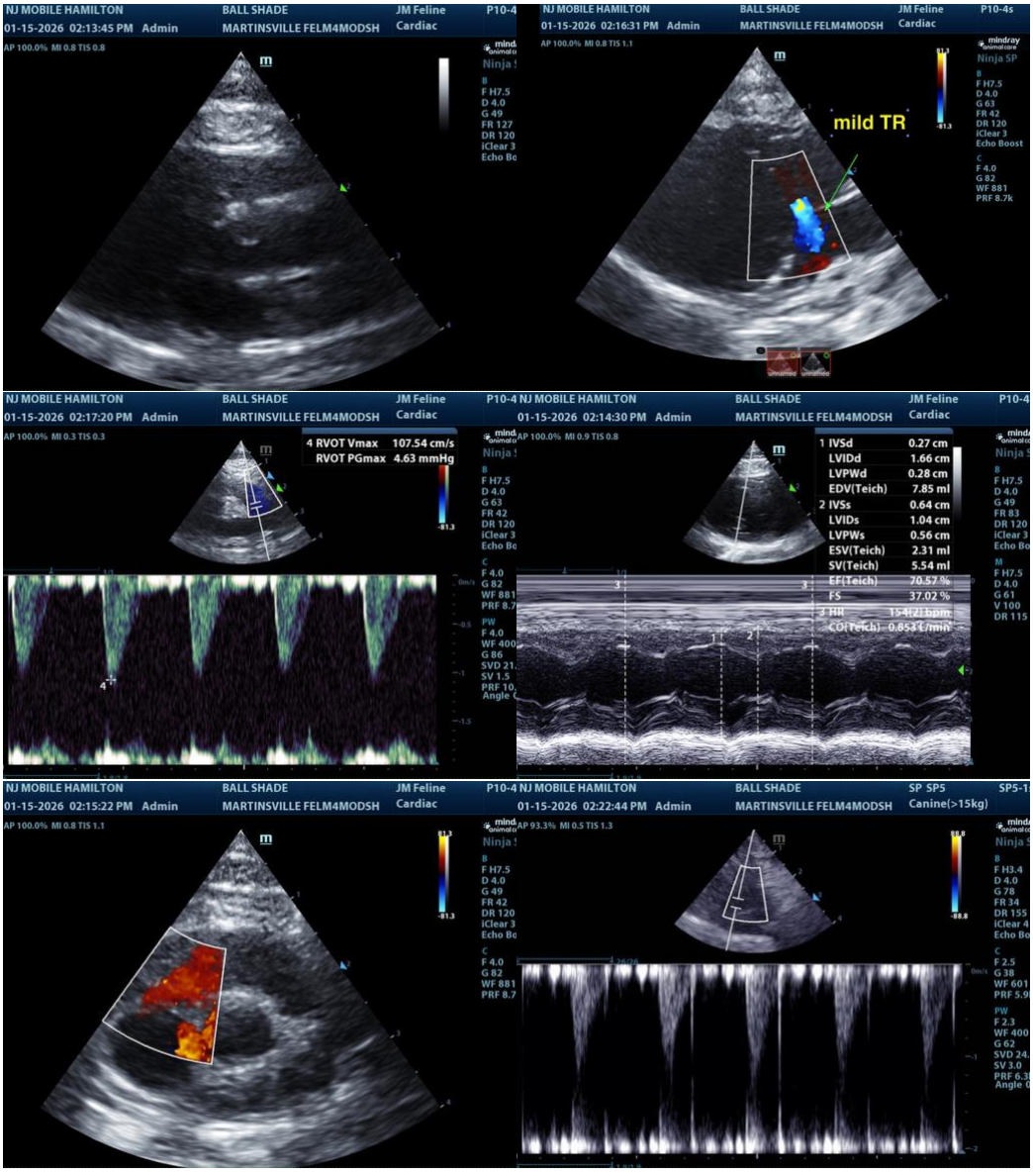
ULTRASONOGRAPHIC FINDINGS

- Idiopathic mild tricuspid insufficiency.
- Structurally unremarkable heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All normal areas of congenital lesions, such as pulmonic and aortic stenosis, PDA, and VSD have all been evaluated. Cannot rule out a very minor form of tricuspid dysplasia, however, the tricuspid valve appears grossly unremarkable. No contraindication to anesthetic procedures. This is not a hemodynamically significant lesion. Recheck echo in one year if the murmur is persistent.



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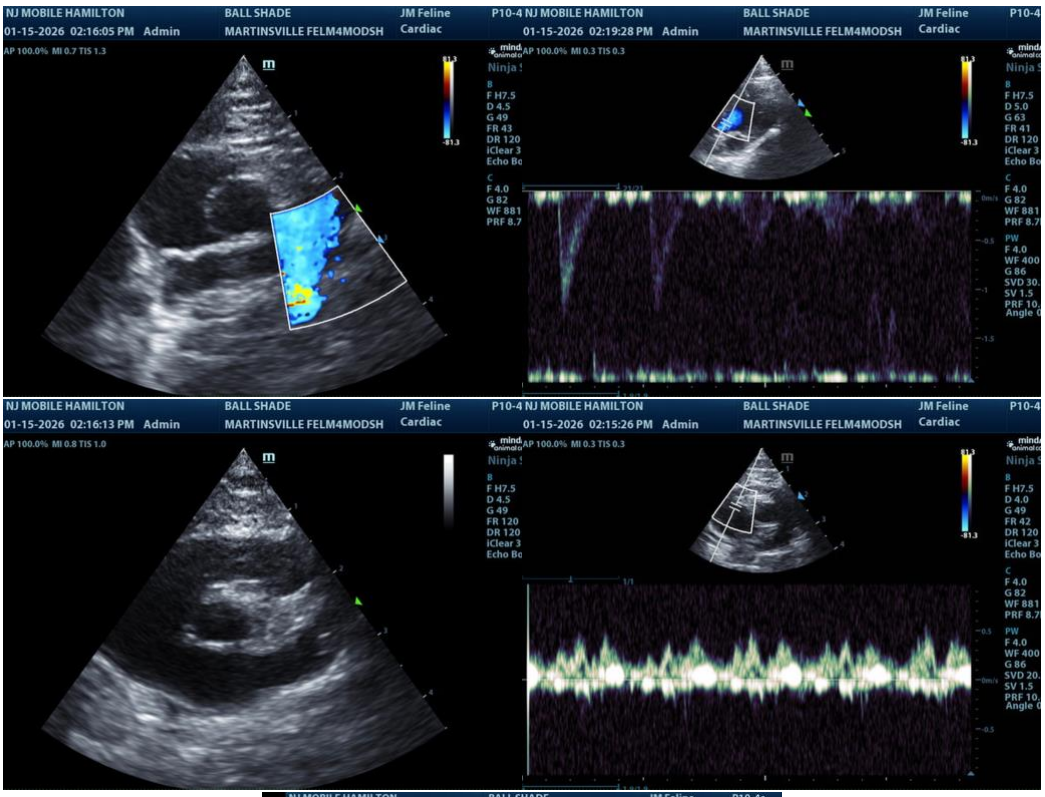
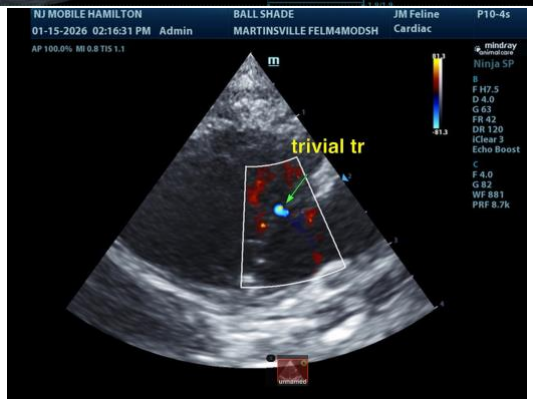
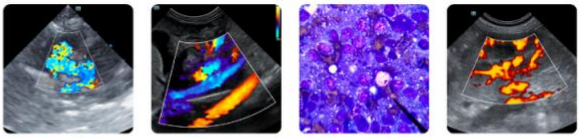




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com



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