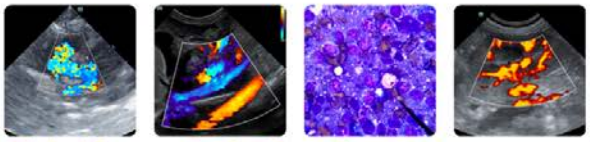

PATIENT

Stanley Ray Jurns

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years 5 Months

WEIGHT

12.6 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Jenni Tudini, MRCVS, SDEP Certified (Abd)

HOSPITAL NAME

East Aurora Veterinary Hospital

REFERRING VET

Dr. Sara Huckabone

INVOICE

72050

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Patient recently seen for routine exam and new cardiac murmur ausc. Given this change in combination with lab findings an echocardiogram was advised.

Abnormal PE/Chem/CBC/UA Results: Cardiovascular Notes: - Normal rate and rhythm auscultated. - Grade 3/6 systolic murmur appreciated. New finding. Also appreciated a few dropped beats. - Femoral pulses were synchronous and of good quality. - Biochem: unremarkable - CBC: NSF other than PCV 54% (31-51) - ProBNP: 196 (0-100)

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	12.6	NM	0.76	1.2	0.67	77	98
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	1.4	--		1.2	0.6	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 = 0.1

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

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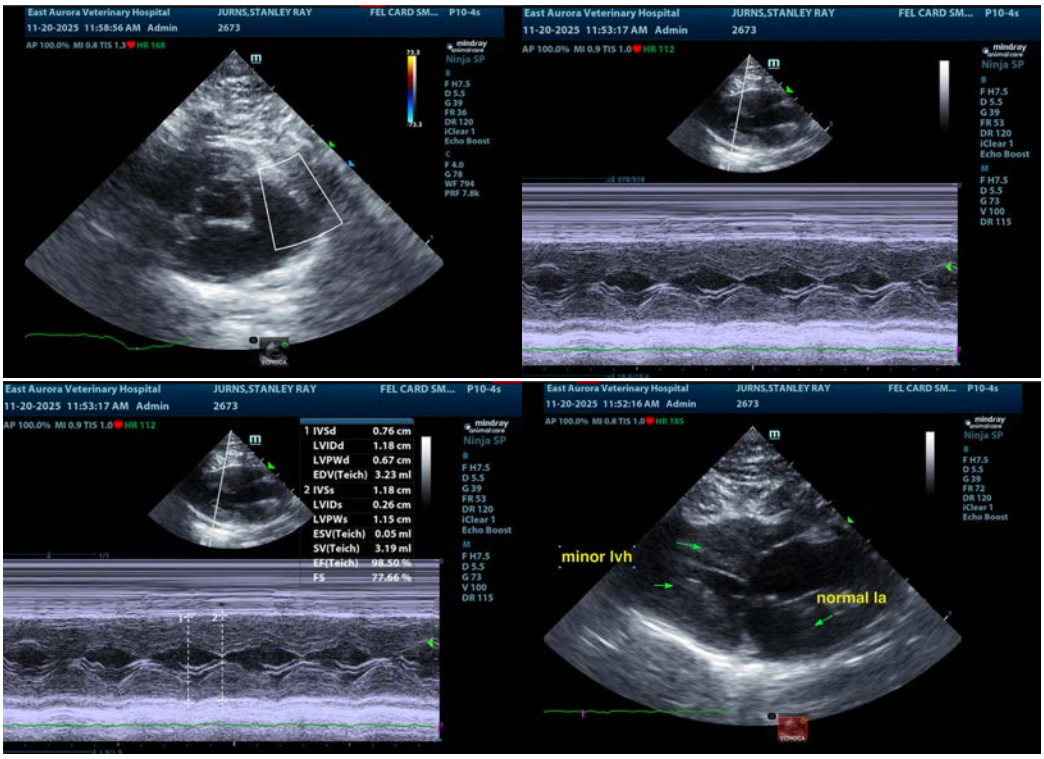
ULTRASONOGRAPHIC FINDINGS

- Mild left ventricular hypertrophy – hypertrophic cardiomyopathy phenotype, minor. Transitory myocardial thickening also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Systemic disease that may be causing volume contraction, hypertension, hyperthyroidism should all be ruled out. No therapy recommended at this time. Likely flow murmur. Recheck echo in one year if murmur is persistently present.

Flow murmurs can be caused by volume shifts, anemia, excitable/tachycardic state, DRVOTO (Dynamic Right Ventricular Outflow Obstruction), or even simple stethoscope pressure upon clinical exam. These flow murmurs are typically benign and may develop often later in life theoretically owing to age related clinically insignificant changes of the heart. If the patient is recently clinical for anorexia, weight loss or metabolic disturbances, an abdominal sonogram and full workup may be appropriate to assess underlying clinical systemic causes of a newly developed flow murmur.



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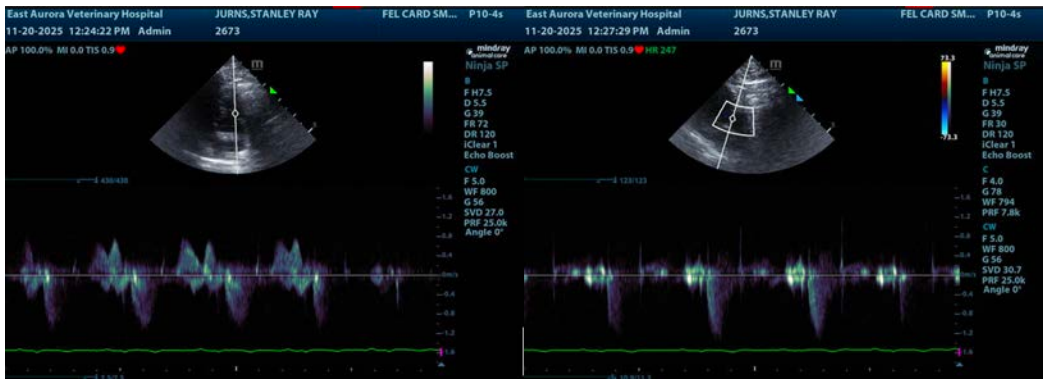

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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