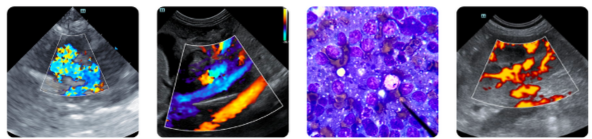

PATIENT

Fred Taylor

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

12.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley

REFERRING VET

Dr. Isaac

INVOICE

68277

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Seen at another practice in town and diagnosed with heart disease due to an elevated proBNP of 1500 a month ago. Pet seen at the emergency clinic 2 weeks ago in possible respiratory distress, diagnosed with CHF and started on furosemide 12.5 mg PO BID and plavix 75 mg 1/4 tab SID
Abnormal PE/Chem/CBC/UA Results: Fred is BAR today. Normal respiratory rate and effort. Grade 2 systolic murmur heard strongest in the sternal region.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 slight, measurable hypertrophy with normal contractility and uniform **myocardium**. There was no evidence of significant disease. This is consistent with minor form of hypertrophic cardiomyopathy phenotype. However, temporary myocardial thickening can also present in this fashion. **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** valvular assessment demonstrated adequate linear morphology and kinetics. 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.

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	12.7 lbs	190	0.67	1.3	0.58	50	80
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	1.3	1.1	1.3		-	-	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							

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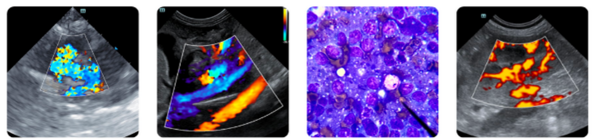

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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ULTRASONOGRAPHIC FINDINGS

- Slight left ventricular hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of volume overload or pressure overload. No cardiac therapy is recommended. Periodic BNP elevations can occur for a variety of reasons, yet there was no evidence of significant structural disease at this time. If this is a larger breed or Maine coon mix, this may be a normal left ventricle for this patient.

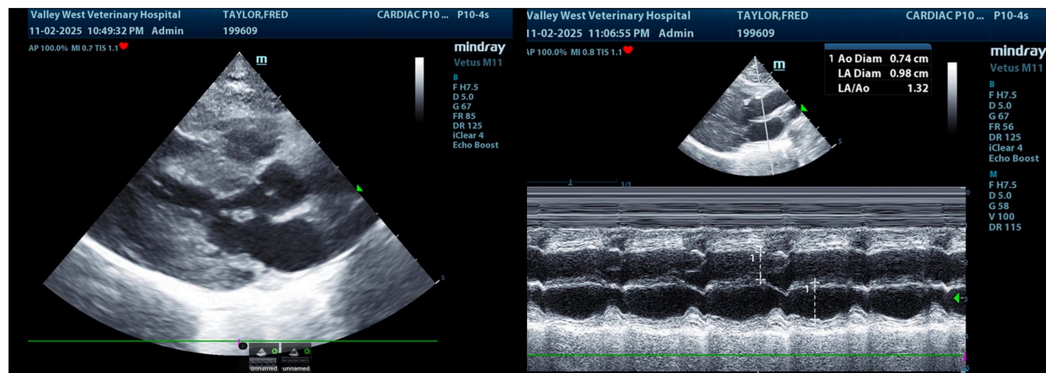
Bio markers such as NT-proBNP are screening tests for myocardial stress. A positive test (>100 pmol/liter) does not mean that cardiac disease is necessarily present.

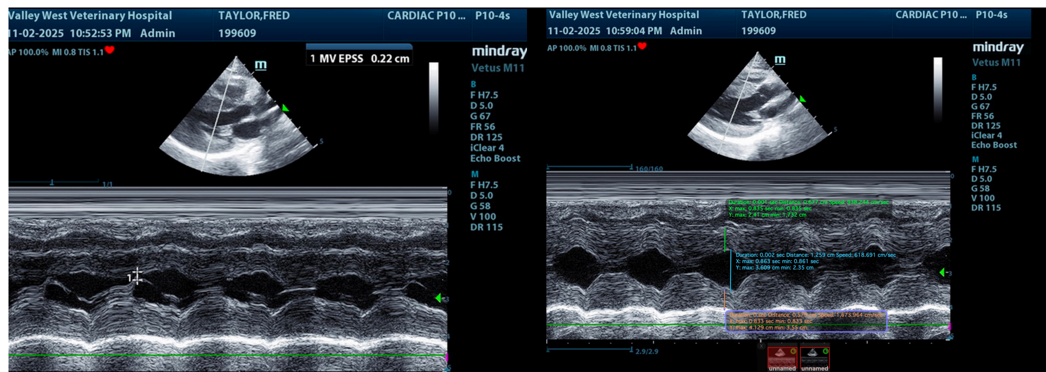
BNP false +can occur in hyperthyroid, renal insufficiency, severe airway disease, systemic hypertension and potentially other systemic influences.

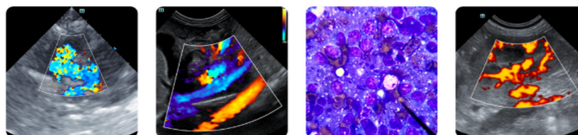
A negative result largely rules out clinically relevant myocardial disease but does not rule out occult cardiomyopathy.

In cases of pleural effusion, diluting the fluid 1:1 and testing BNP on the fluid is useful to assess if the pleural effusion is cardiogenic in nature.

Ultrasound, however, is the gold standard as far as evaluating clinically significant and occult heart disease.







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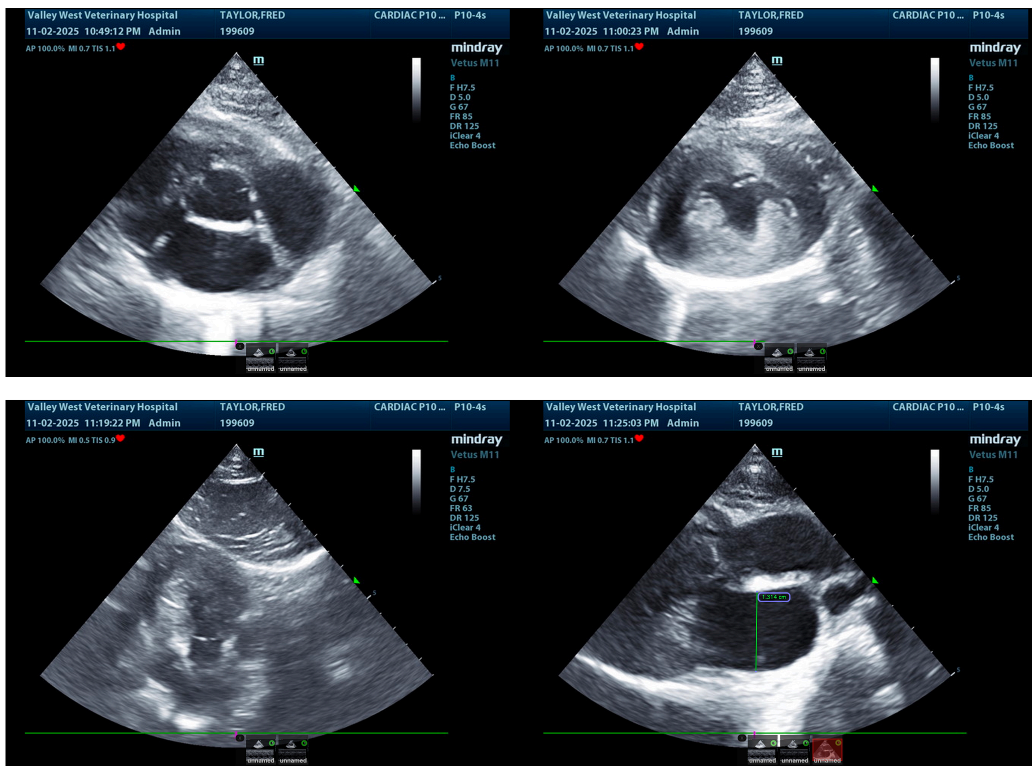

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com