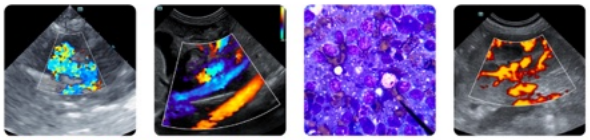

PATIENT

Miles Prezkop

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

7.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

69207

DATE

12/1/25

PRESENTING CLINICAL SIGNS

History: Treated for ringworm and cholangiohepatitis last year and had an episode soon after of acute respiratory distress. Diagnosed with HCM and CHF at the emergency hospital and started on BID lasix. Has done well, but has had episodes of increased respiratory rate when meds were missed. Recently had bloodwork last month that was normal, but proBNP elevated at 1500. Added in 1/4 plavix SID at that time.
Abnormal PE/Chem/CBC/UA Results: Grade 3/6 heart murmur PMI sternal contact. Rest of exam NSF.

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. There was no evidence of clinical disease noted. The **left ventricle** presented minor sectorial hypertrophy with normal contractility and volumes. 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** 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	7.8 lbs	180	0.58	1.3	0.61	50	
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	1.1	1.1	1.2		-	-	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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ULTRASONOGRAPHIC FINDINGS

Minor left ventricular hypertrophy or pseudohypertrophy, temporary myocardial thickening is also possible or very minor form of hypertrophic cardiomyopathy phenotype.

No evidence of congestive heart failure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No treatment is recommended. Assessment for systemic disease is warranted as it may be causing pseudohypertrophy of the left ventricle. The Lasix in this state may be causing appearance of pseudohypertrophy. There is no cardiac reason to add Lasix at this time. The BNP elevation may be secondary to other systemic disease.

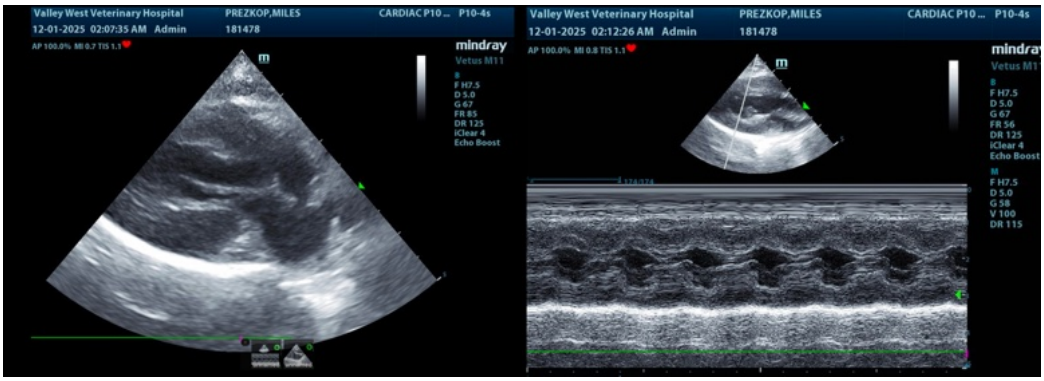
Bio markers such as NT-proBNP are screening tests for myocardial stress. A positive test (>100 pmol/liter) does not mean that cardiac disease is necessarily present.

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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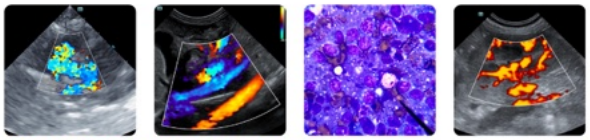

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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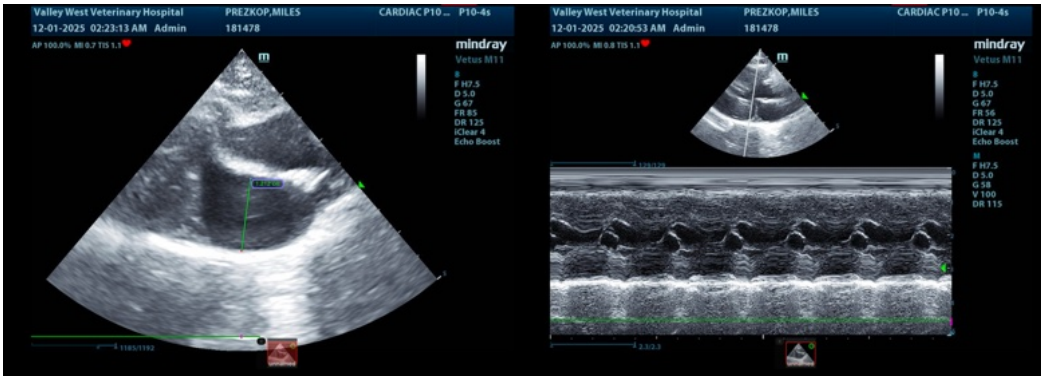

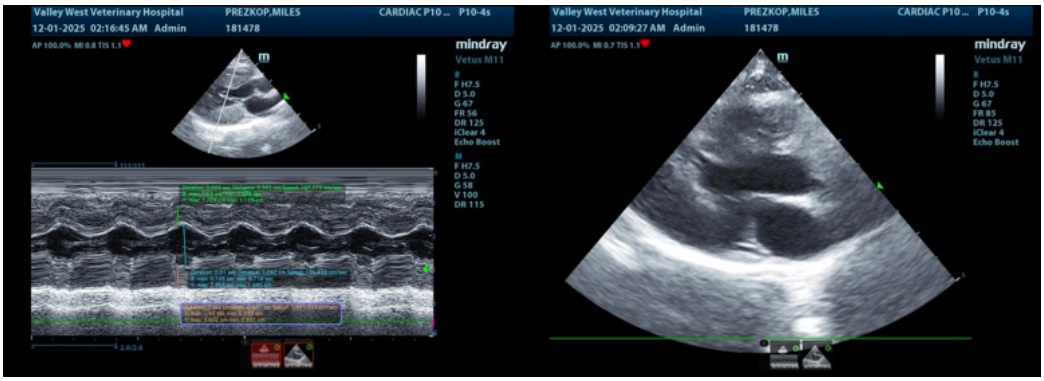

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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