



## PATIENT

Mellow Animals In Distress

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

12 years

## WEIGHT

18.12 lbs

## INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Renee Ziegler Post

## HOSPITAL NAME

For Cats Only VC

## REFERRING VET

Dr. Ziegler Post

## INVOICE

71932

## DATE

2/25/26

## PRESENTING CLINICAL SIGNS

- High normal T4 - 4.0
- Abnormal ProBNP
- Medications- Fluoxetine 1/2 daily once daily, lorazepam 1/2 twice daily
- Will be rechecking free T4

## 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** presents subjectively normal septal and free wall thicknesses with adequate **contractility** and measure at the upper limits of normal. There was no evidence of significant disease. 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	18.12 lbs	180	0.64	1.4	0.74	45	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	1.1	1.1	1.2	None	None	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							

## ULTRASONOGRAPHIC FINDINGS

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend assessing systemic disease that may be elevating the proBNP, yet there was no evidence



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of any clinically significant structural or functional disease.

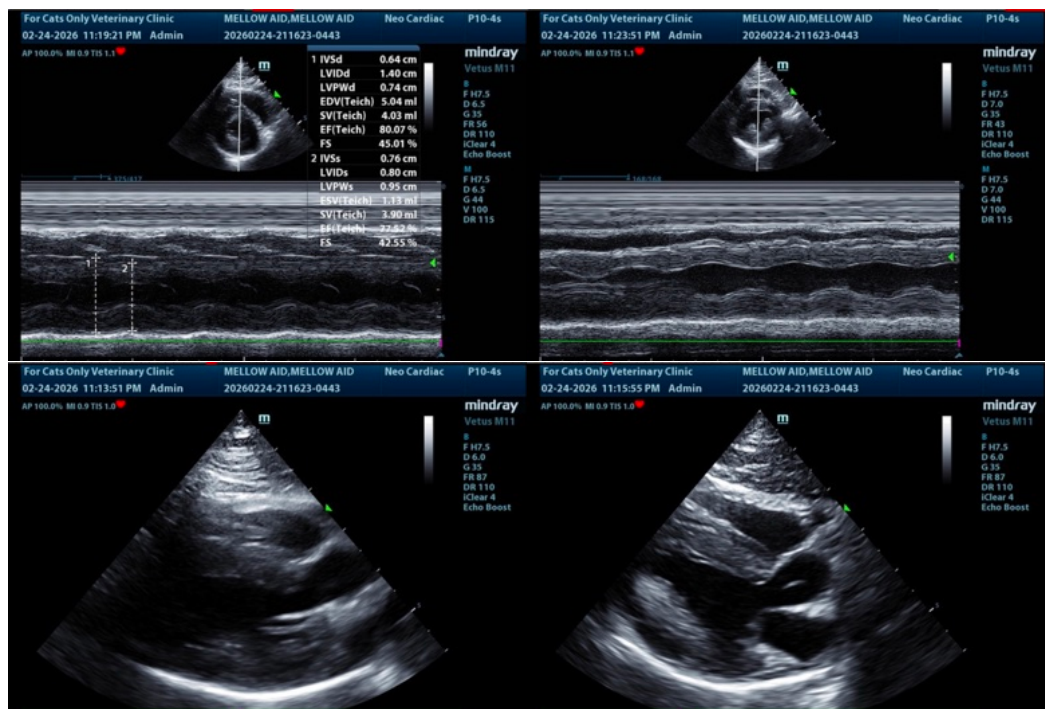
Bio markers such as NT-proBNP are screening tests for myocardial stress. A positive test (>100 pmol/liter) does not mean that cardiac disease is necessarily present.

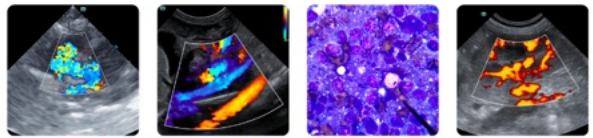
BNP false +can occur in hyperthyroid, renal insufficiency, severe airway disease, systemic hypertension and potentially other systemic influences.

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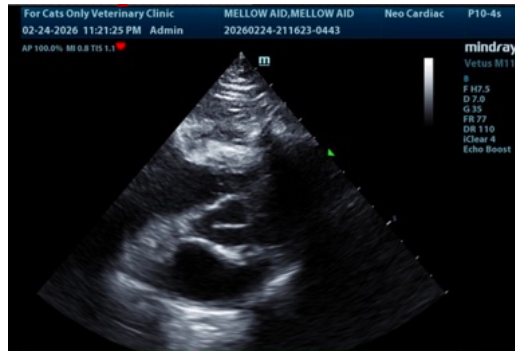
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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