



PATIENT

Yellow Kagle

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

14.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary
Center

REFERRING VET

Dr. Hlatky

INVOICE

14277

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- hx of elevated proBNP (most recent 1500 on 2/10/26). on Atenolol 25mg 1/4 tab every 12 hours and Clopidogrel 75mg 1/4 tab every 24 hours. asymptomatic currently. previous proBNP was 993 in 2/2025. no murmur HR 180, lungs have normal BV sounds, no respiratory effort

Abnormal PE/Chem/CBC/UA Results: proBNP 1500

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 | 14.8 | 240 | 0.57 | 1.5 | 0.47 | 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 | -- | 1.4 | 1.2 | | -- | 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 | | | | | | | |

EPSS: 0.1 // E-wave Velocity: 0.9

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** 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.

ULTRASONOGRAPHIC FINDINGS



PATIENT

- Normal echocardiogram with slight tachycardia.

Yellow Kagle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of primary cardiac disease in this patient regarding structure, volume and contractility. If Atenolol is being utilized to be based on EKG results, systemic influences elevating BNP should be considered such as potentially hypertension, infectious disease, hyperthyroidism or systemic inflammation.

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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.

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

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

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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.

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

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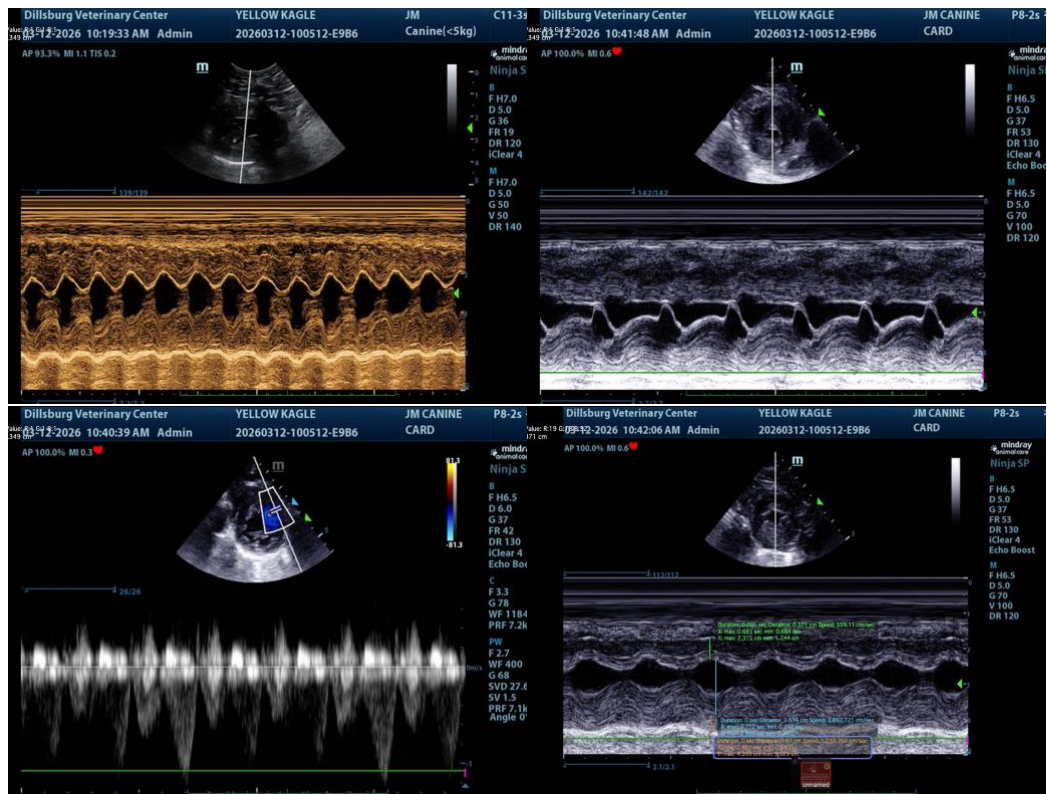
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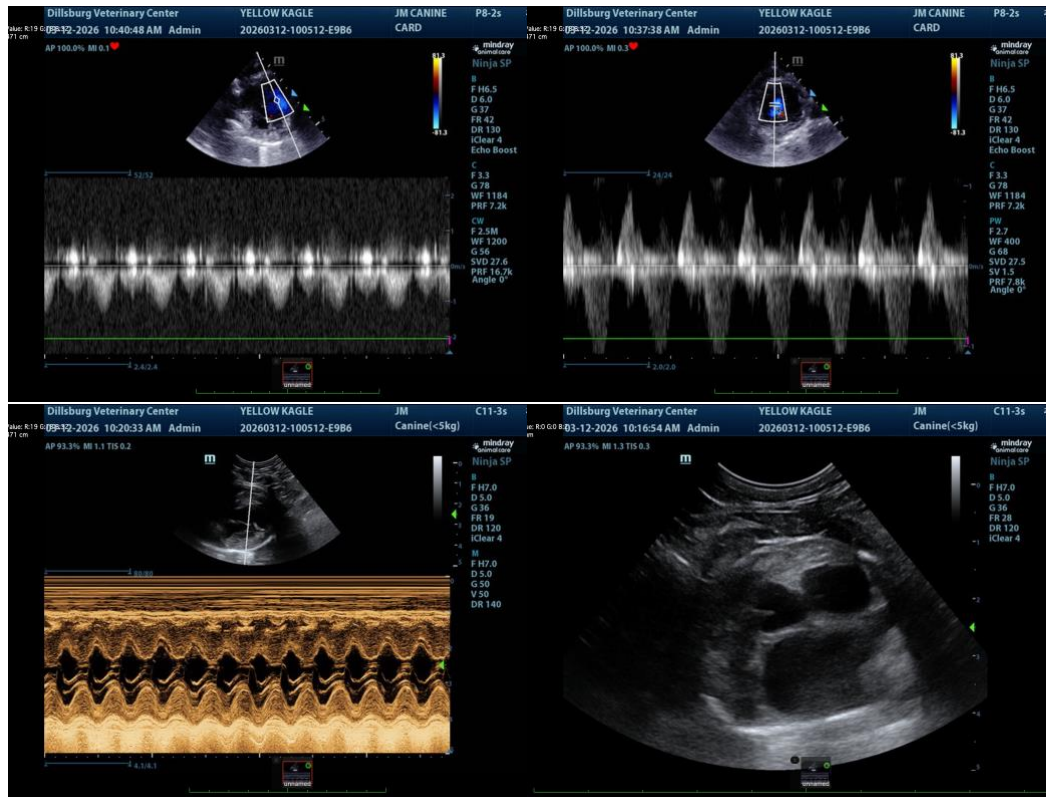
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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