



**PATIENT**

Sleight T'Challa

**PRESENTING CLINICAL SIGNS**

Needs dental, High BNP

**SPECIES**

Feline

**BREED**

Tabby

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

11 pounds

**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	11.0	197	0.35	1.8	0.4	69	96
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	1.2	1.2	1.2		1.57	.78	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							

**INTERPRETED BY**

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

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial minor centralized mitral insufficiency was noted at 5.2 m/s. 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.

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Loving Care Veterinary Hospital

**REFERRING VET**

Dr. Steele

**INVOICE**

15258

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04/20/26

**ULTRASONOGRAPHIC FINDINGS**

- Minor mitral insufficiency.
- Structurally normal heart otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

Sleight T'Challa

Other causes of BNP elevation should be considered. 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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Ultrasound, however, is the gold standard as far as evaluating clinically significant and occult heart disease

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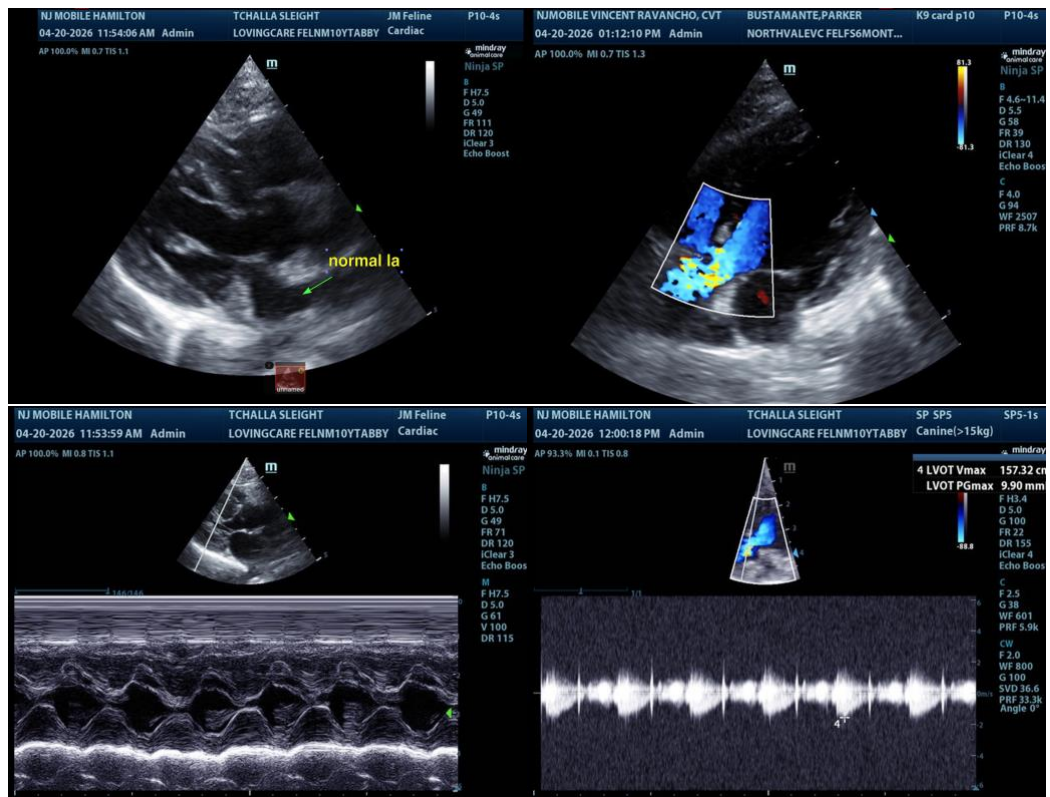
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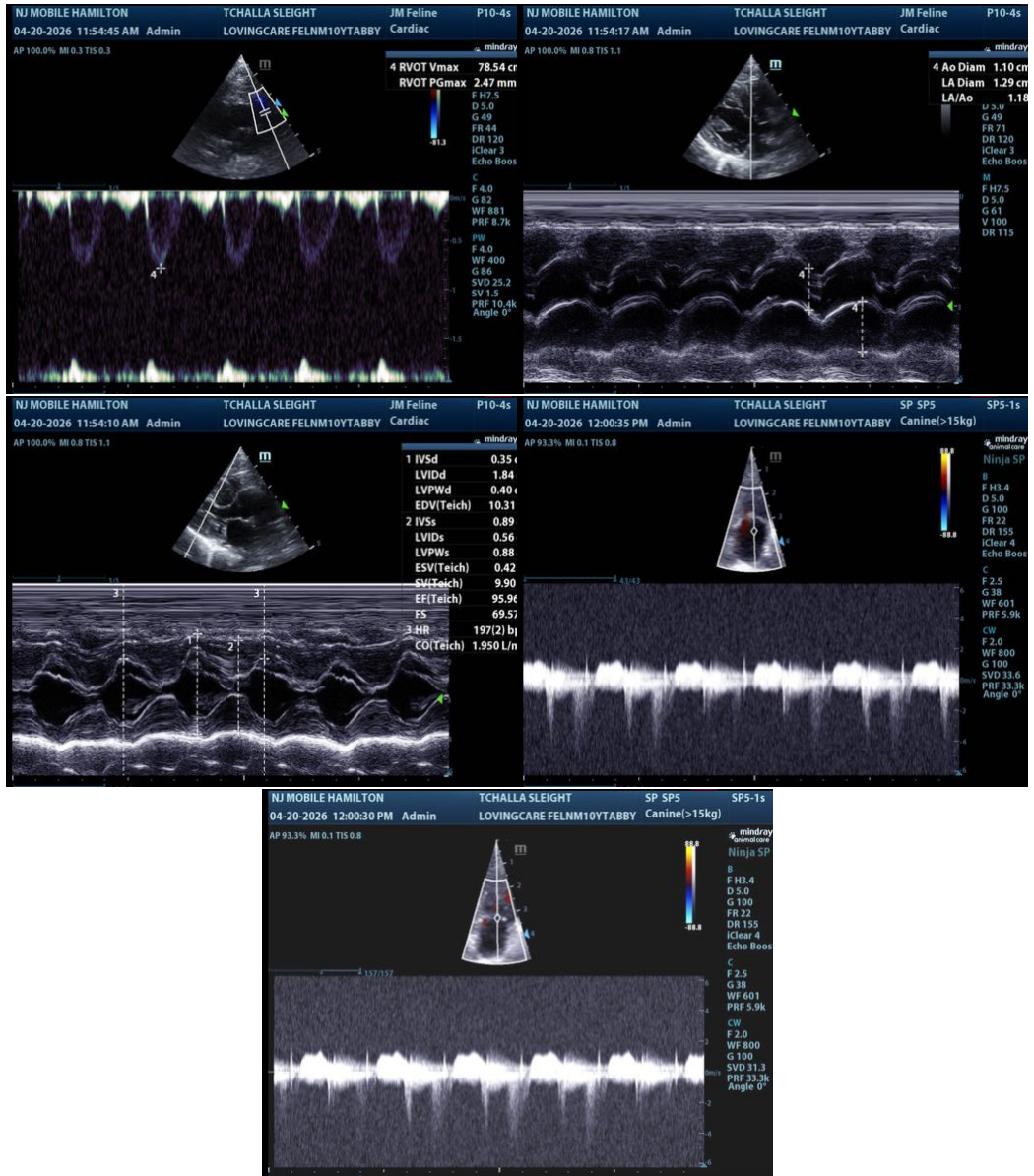
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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