



PATIENT

Ellie Decker

PRESENTING CLINICAL SIGNS

History: Grade 2-3/6 heart murmur, PMI left. Abnormal cardiac BNP. No current medications.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

13.1 Pounds

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	13.1	232	0.49	1.63	0.43	24	51
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	--	1.6	--		1.05	.48	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 (Canine & Feline), Cert. IVUSS

E-wave velocity: 0.8

IMAGING PERFORMED BY

Shari Reffi, CVT

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Mitral mitral insufficiency was noted. 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. Trivial **tricuspid** insufficiency was noted. 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. The patient was tachycardic during the exam.

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Bertoldo

INVOICE

36758

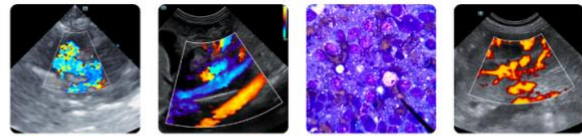
DATE

4/24/26

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with trivial mitral and tricuspid insufficiency
- Essentially flow murmurs
- Tachycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Ellie Decker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

13.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Bertoldo

INVOICE

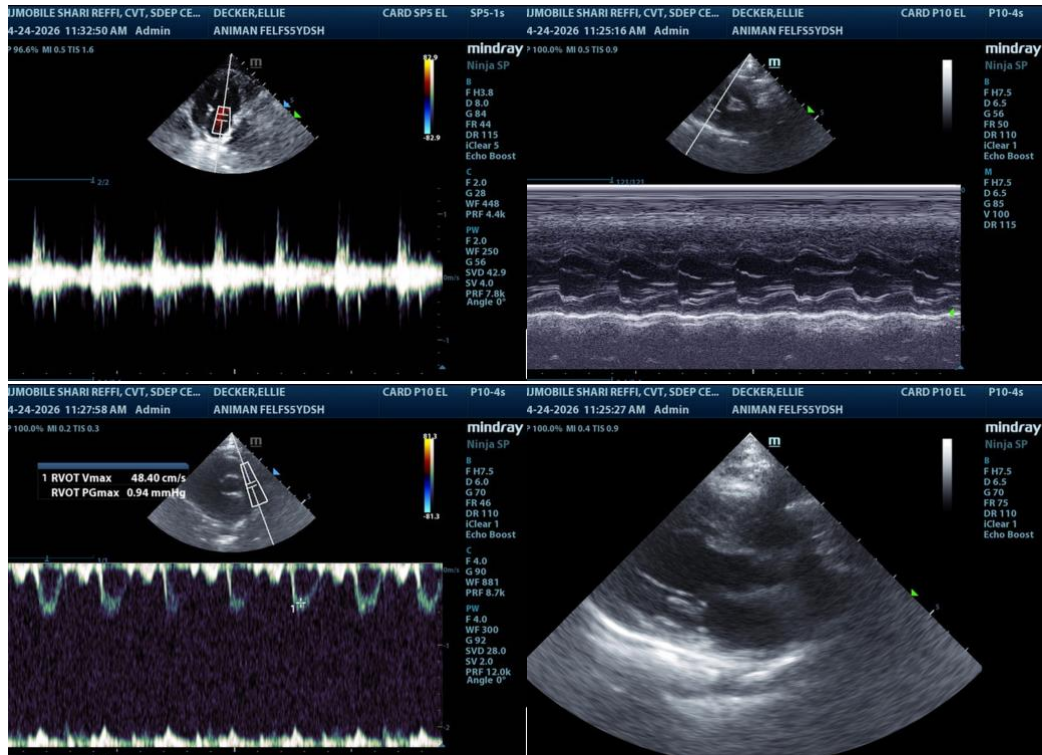
36758

DATE

4/24/26

EKG is indicated. No therapy is recommended at this time.

This is essentially flow murmur. Flow murmurs can be caused by volume shifts, anemia, excitable/tachycardic state, DRVOTO (Dynamic Right Ventricular Outflow Obstruction), or even simple stethoscope pressure upon clinical exam. These flow murmurs are typically benign and may develop often later in life theoretically owing to age related clinically insignificant changes of the heart. If the patient is recently clinical for anorexia, weight loss or metabolic disturbances, an abdominal sonogram and full workup may be appropriate to assess underlying clinical systemic causes of a newly developed flow murmur.





PATIENT

Ellie Decker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

13.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

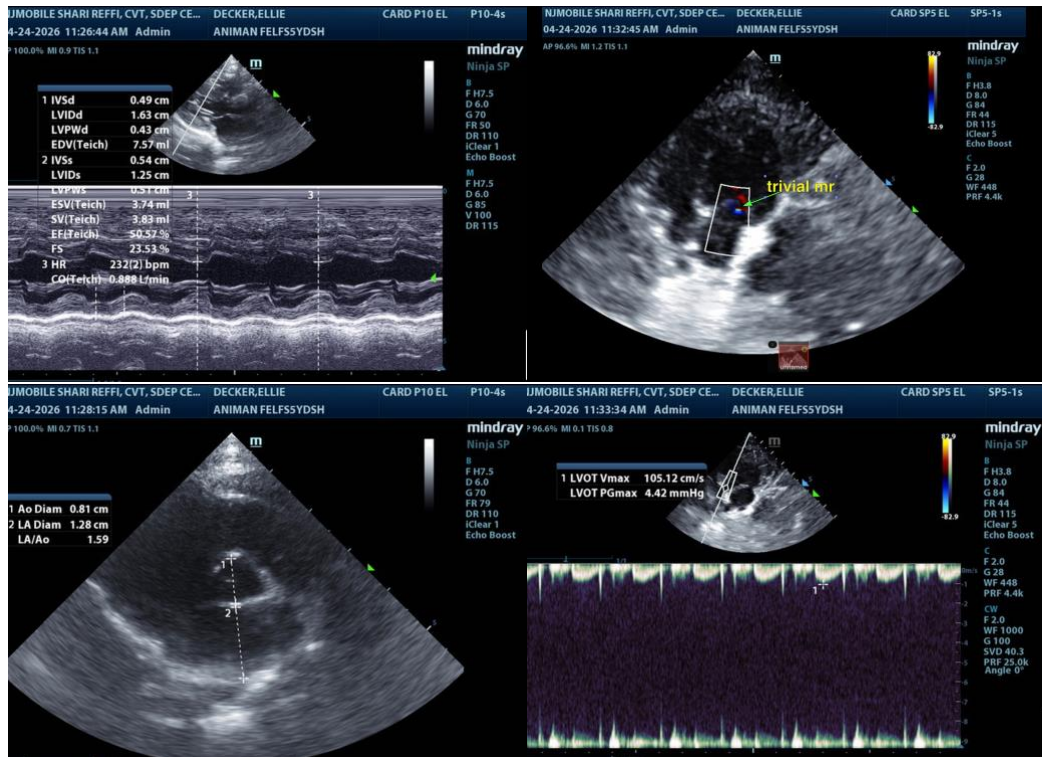
Dr. Bertoldo

INVOICE

36758

DATE

4/24/26



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, Owner, Founder -- SonoPath.com
info@SonoPath.com