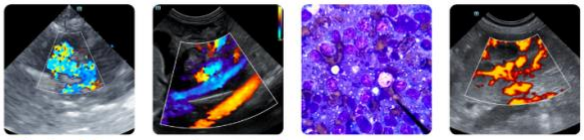

PATIENT

Monkee Guianquitti

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

15

WEIGHT

9.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Naaman Dyer

HOSPITAL NAME

Proctorville Animal Clinic

REFERRING VET

Dr. Naaman Dyer

INVOICE

15845

DATE

05/05/26

PRESENTING CLINICAL SIGNS

Grade IV/VI left parasternal murmur first noted in 4/2024. The patient was referred to MedVet Cardiology for a workup and an echo in 5/2024, where she was diagnosed with HCM and RVOT obstruction. She has had one follow-up with MedVet since then in 5/2025 and was scheduled for a follow-up echo in Feb/ 2025. No record of this follow-up is available. The patient presented to a local ER on 4/1/26 (records for this visit are unavailable) for "high breathing" and was started on Vetmedin (1.25 mg 1/3-tab BID) and Lasix (12.5 mg 1/2-tab BID). The patient was seen again at our clinic a few days later (4/6/26) for a recheck, and the owner reports her breathing is "a lot better." The owner was instructed to continue giving Lasix and Vetmedin and was scheduled for the echo today. Hx of a UTI 7/2025. Periodontal disease - Needs COHAT, but anesthesia risk assessment first.

Abnormal PE/Chem/CBC/UA Results: 3-view thorax radiographs and ECG with cardiologist interpretation in 3/2024: LV enlargement. Echocardiogram (MedVet Cardiology): HCM and RVOT obstruction (record attached). Snap ProBNP (3/2024): abnormal No recent pertinent labwork otherwise.

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	9.6	180	0.57	1.08	0.53	50	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	--	1.2	1.35		1.2	0.9	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

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. Minor myocardial remodeling was noted in this patient yet not clinically significant. **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),

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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. Occasional dynamic obstruction was noted in SAM.

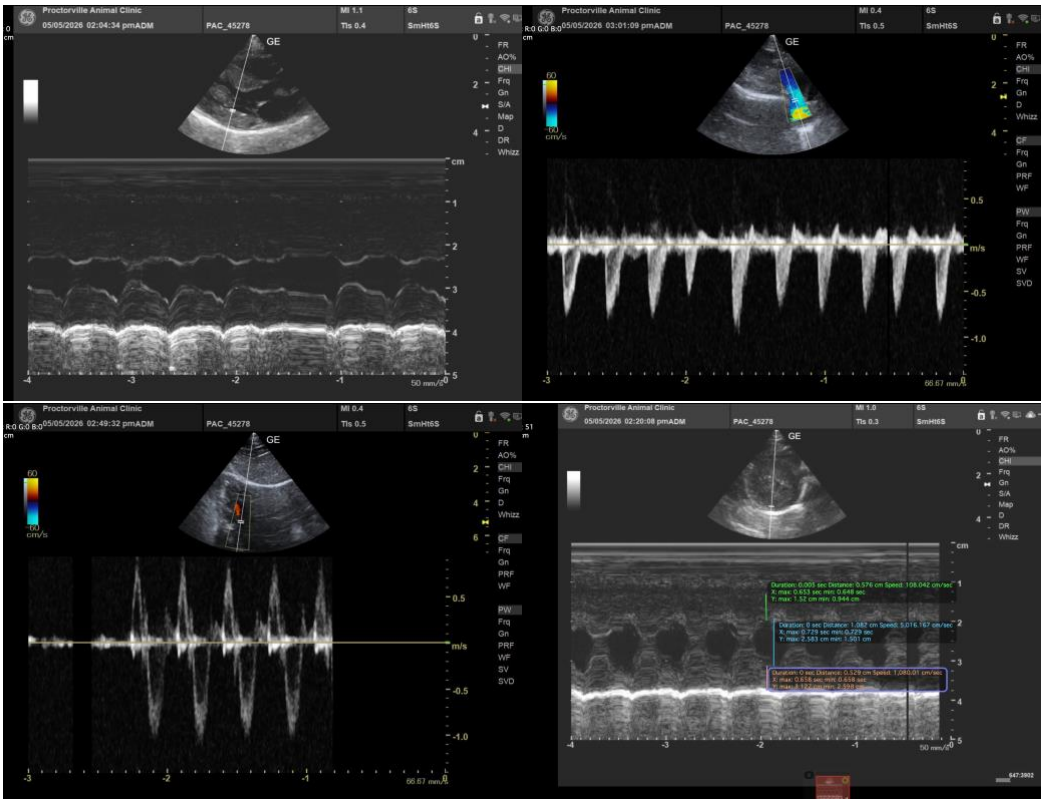
ULTRASONOGRAPHIC FINDINGS

- Stable hypertrophic cardiomyopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. No evidence of clinical disease at this point. There is no evidence of volume overload in this patient. The exact cause of the murmur is unclear and is likely a flow murmur or subtle mitral valve insufficiency or LVOT turbulence. Structurally the patient presents measurably normal septal free wall thicknesses, even though it may be slightly hypertrophied for this patient, or remodeling may have reduced the wall thicknesses.

Recommend maintaining the current protocol. Recheck echo in 6 months.



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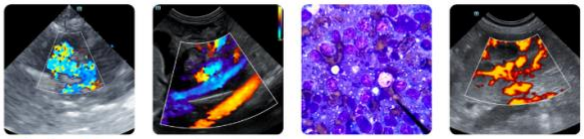

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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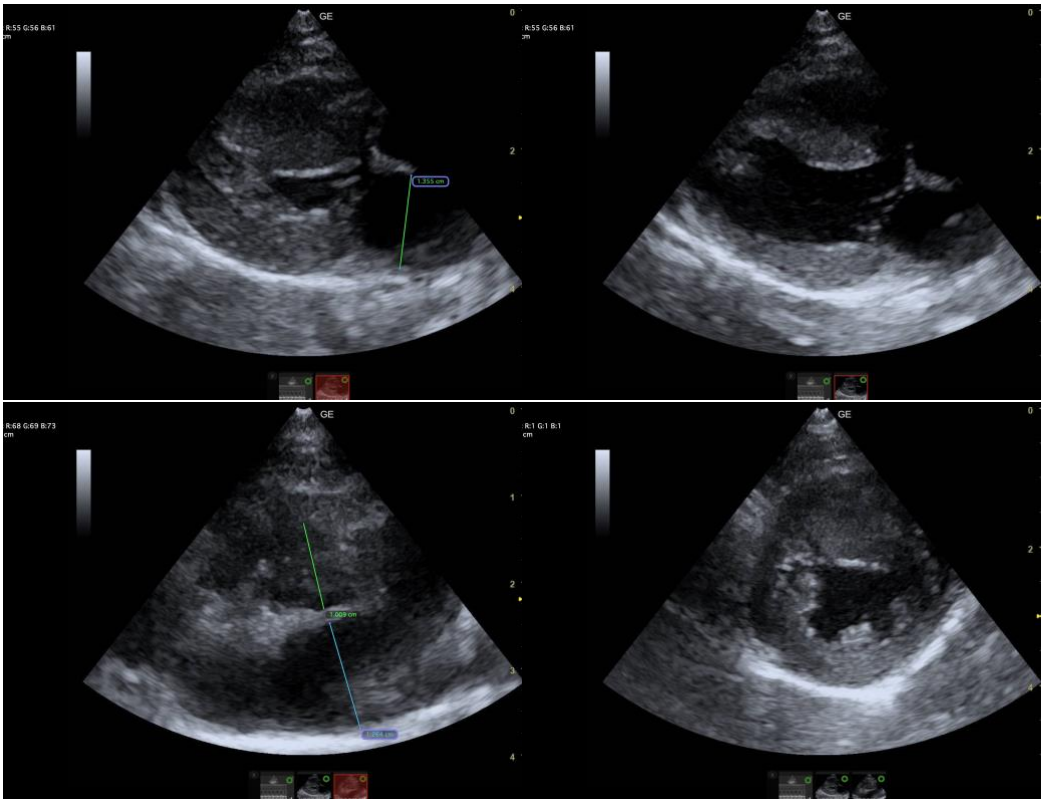

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com