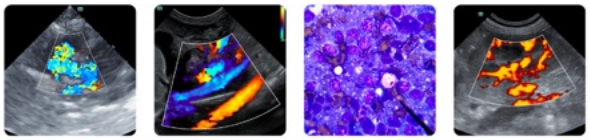

PATIENT

Mango Malcom

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

3 years

WEIGHT

5.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Pamela Veldman

HOSPITAL NAME

Taylor VC

REFERRING VET

Dr. Nain S

INVOICE

78332

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Owners have had for approximately 1 year, were not provided with any medical history when they adopted her. Significant murmur present, recently had an episode which could have been syncopal or seizure activity.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The **left ventricle** presented moderate concentric hypertrophy with **myocardial** remodeling. This is consistent with hypertrophic cardiomyopathy phenotype. The ventricular septum is slightly thickened and mildly irregular. I cannot rule out a potential concurrent left ventricular septal defect as some dropout was noted. Color flow and spectral doppler of this region would be ideal to rule out this potential. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**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	5.5 kg	NM	0.71	1.2	0.84	50	90
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		1.3	1.3		None	1.5	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

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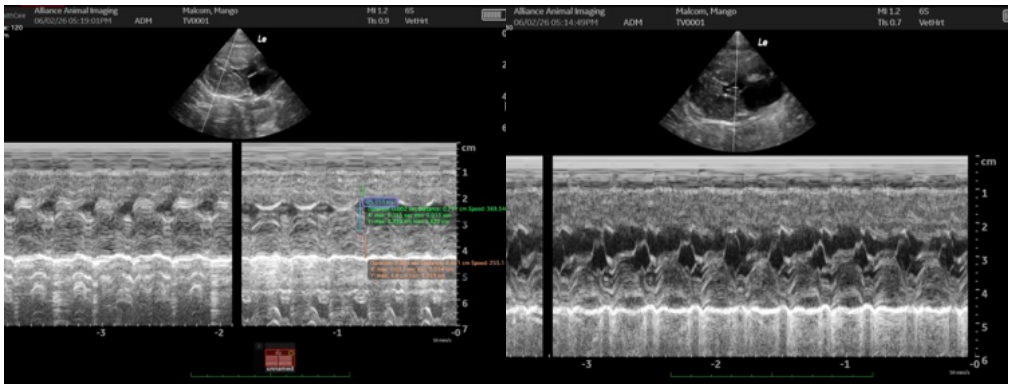
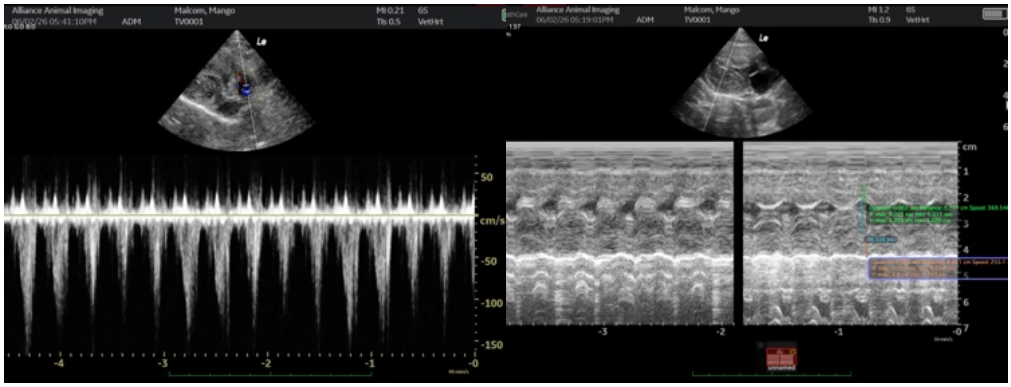
ULTRASONOGRAPHIC FINDINGS

Left ventricular hypertrophy, consistent with hypertrophic cardiomyopathy. I cannot rule out ventricular septal defect. This appears compensated at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No mitral insufficiency was noted on color flow Doppler. However, weak signal may be an issue. Hypertension, hyperthyroidism should be ruled out as the cause of volume contraction. Although the wall thickness is significant, the contractility is adequate. Recheck echocardiogram is recommended in 6 months.





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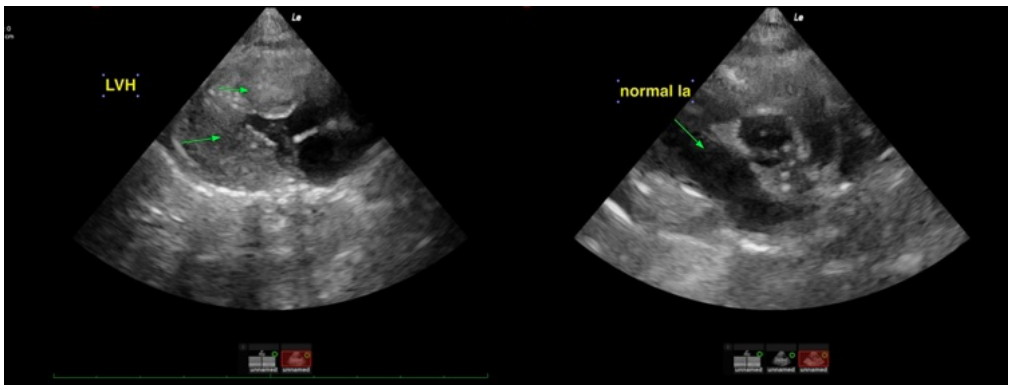

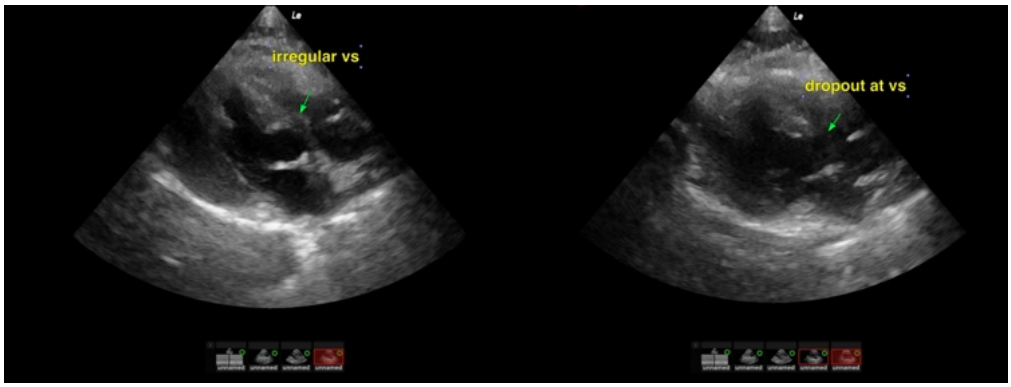

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com