
**PATIENT PRESENTING CLINICAL SIGNS**

Cat 47693a History: Cat presents as relinquishment to shelter, murmur found on exam. proBNP snap abnormal HR/RR - 130/30 No BP No meds  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: 4/6 holosystolic, pmi parasternal No rads or labs

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

1 yr

**WEIGHT**

10.2 lbs

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. An eccentric moderate **mitral** valve insufficiency jet was noted at 6 m/sec. The mitral valve was largely unremarkable with adequate apposition. There was moderate filling of the left atrium noted. Concentric hypertrophy was noted in the **left ventricle**. Systolic anterior motion was noted, which is consistent with dynamic obstruction. The contractility and internal volumes were unremarkable. The papillary muscles were hypertrophied. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. Occasional arrhythmia was noted.

**INTERPRETED BY**

 Eric Lindquist, DMV,  
 DABVP, Cert. IVUSS,  
 CEO of SonoPath.com

| CANINE<br>CARDIAC<br>PARAMETERS | MR<br>VMAX<br>(m/s) | TR<br>VMAX<br>(m/s) | LA/AO<br>(Boon method) | LA/AO<br>(Heart Base;<br>Swe) | FS<br>(%)                                | EF<br>(%)  | EPSS<br>(cm)                                       |
|---------------------------------|---------------------|---------------------|------------------------|-------------------------------|--|--|--|
| NORMAL<br>PARAMETER             | 4.5-5.5             | <2.7                | 1.3                    | <1.6                          | 28-40                                    | 40-100   | <0.6   |
| PATIENT                         |                     |                     | 1.15                   |                               |  |  | NM   |
| CANINE<br>CARDIAC<br>PARAMETERS | HR<br>(BPM)         | AV<br>VMAX<br>(m/s) | PV<br>MAX<br>(m/s)     | BODY<br>WEIGHT                | LA<br>2D short axis<br>Base view<br>(cm) | LVIDd<br>Avg; 2D and m-<br>mode short axis<br>(cm) | LVIDs<br>Avg; 2D and m-<br>mode short axis<br>(cm) |
| NORMAL<br>PARAMETER             | 50-100              | 0.7-1.7             | 0.7-1.6                |                               |  |  |  |
| PATIENT                         |                     | 1.6                 | 2.0                    | 10.2 lbs                      |  | 1.02   | 0.63   |

**IMAGING PERFORMED BY**

 Andrea Nicastro, DVM,  
 Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

**HOSPITAL NAME**

 Charleston Animal  
 Society

**REFERRING VET**

Dr. Fuller

**INVOICE**

98017

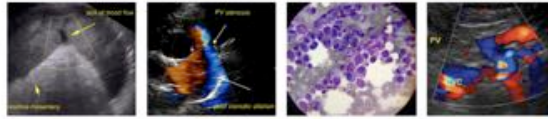
**DATE**

4/4/22

**ULTRASONOGRAPHIC FINDINGS**

Hypertrophic cardiomyopathy with mitral insufficiency and left ventricular concentric hypertrophy, compensated at this time. Dynamic obstruction is present.

Occasional arrhythmia was noted.



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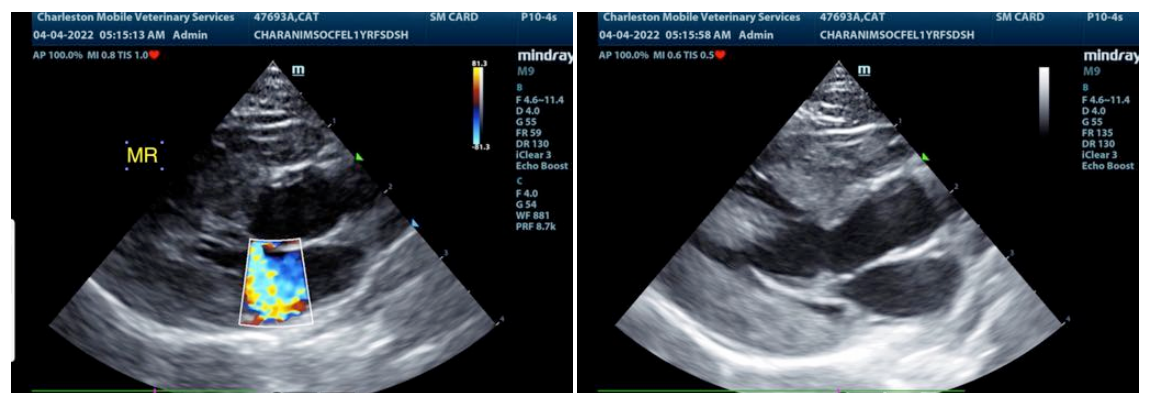
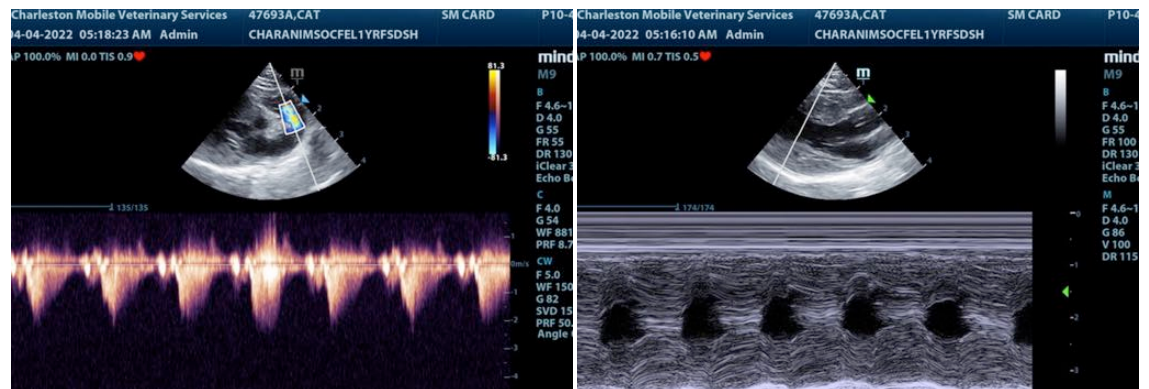
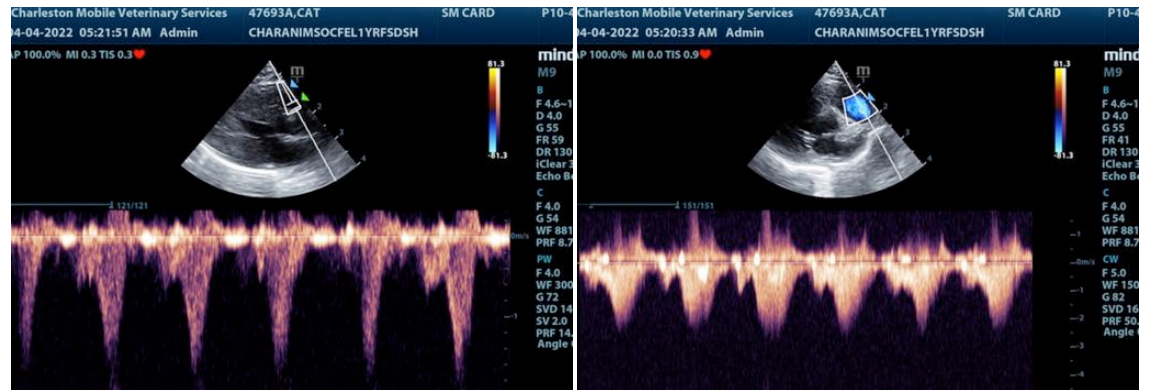
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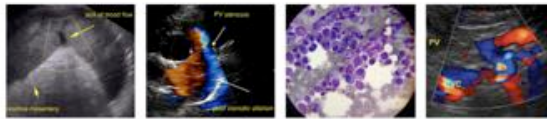
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No specific therapy is recommended at this time unless exercise intolerance is present. Recheck echocardiogram is recommended in 6 months. If basal heart rate is greater than 200 then Atenolol therapy can be considered.





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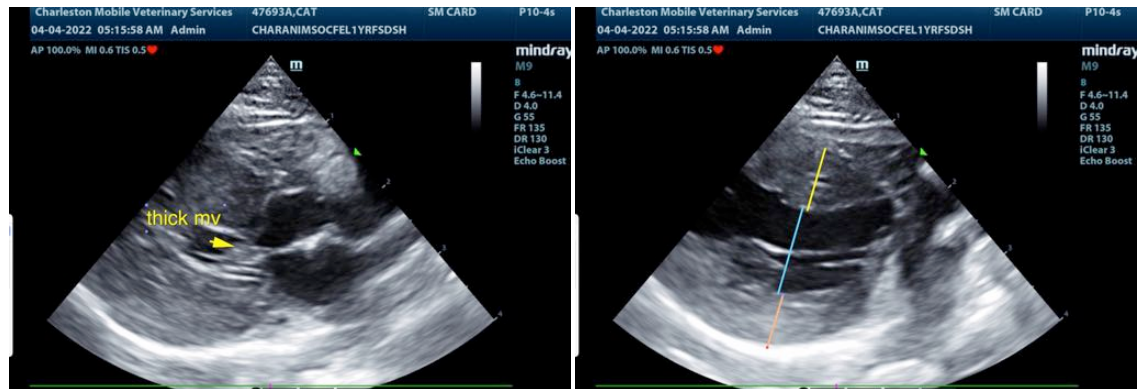
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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