



PATIENT

Fern Neale

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

4 Years

WEIGHT

7.62 Pounds

INTERPRETED BY

Laurent Locquet, DVM,
MRCVS, GPCert, (VC)
Diplomate, ECVIM-CA

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Fadden

INVOICE

35269

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Presented as recheck after ER for possible neurologic episode. Survey radiographs- cardiomegaly discovered. 1) neuro even- based on marked improved over 24-48 hours w/ slight residual head tilt and ataxia, consistent w/ vestibular rather than stroke or seizure. 2) heart enlargement likely cardiomyopathy. 3) mild bronchoalveolar pattern and wheeze- likely mild asthma. Concern for bradycardia. HR in hosp 120- HR at home consistently 80. Meds: Pimobendan 1.25 mg BID.

Abnormal PE/Chem/CBC/UA Results: Chem/cbc/lytes all normal. BP 147/94 (107) HR 120, RR 60, no HM noted.

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	7.62 lbs	NM	0.37	1.74	0.37	56	NM
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	2.14	2.28	1.96		1.23	0.63	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							

ECG Interpretation

The heart rhythm was regular. The heart rate was around 100 beats per minute. There were no p-waves visible in submitted ECG file. The qrs complexes were broad with a right bundle branch block morphology.

Cardiac Presentation

The mitral valve leaflets are normal and there is mild mitral valve regurgitation. The left atrium is significantly dilated with spontaneous echocardiographic contrast ("smoke"). There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. Left ventricular systolic and diastolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy. There is normal right atrial size without evidence of



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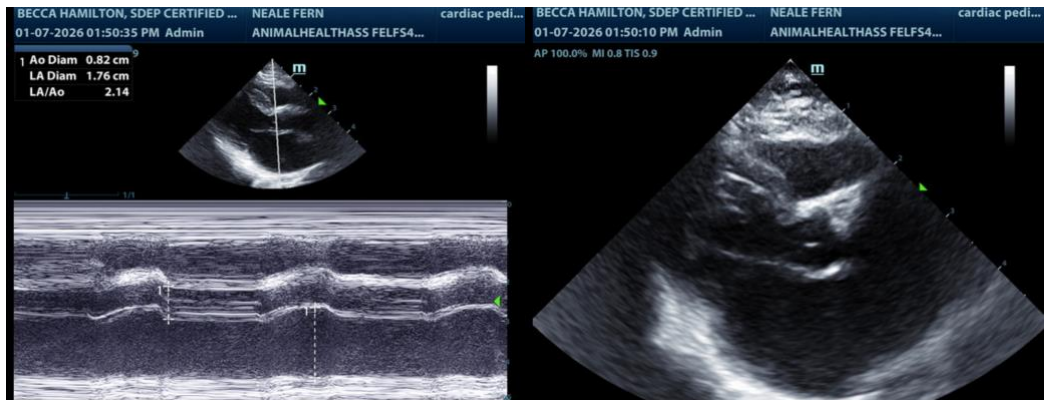
tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on the images provided. The right ventricle appears normal in structure and function subjectively. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Advanced nonspecific cardiomyopathy with an advanced or significantly enlarged left atrium with spontaneous echocardiographic contrast, which is called "smoke".
- ECG is compatible with a ventricular escape rhythm- this could be a stand-alone coincidental finding, alongside a separate neurological problem, although the enlarged left atrium predisposes this cat for the development of blood clots, and therefore, a cerebral vascular event cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If this cat is hemodynamically stable, with a normal blood pressure, then the bradyarrhythmia doesn't necessarily need to be addressed. For the sake of diagnostics, you could consider an atropine response test to make sure that there is no vagal component due to the cerebral vascular event contributing to the bradyarrhythmias. Pimobendan can be continued (unchanged), but I would add clopidogrel at a dose of 18.75 mg tablet, once per day, orally. Recheck echocardiogram is recommended in approximately 3 months. Keep an eye on the breathing, should be <30 br/p/m. For the neurological signs, further investigations can be considered, for example, an MRI.





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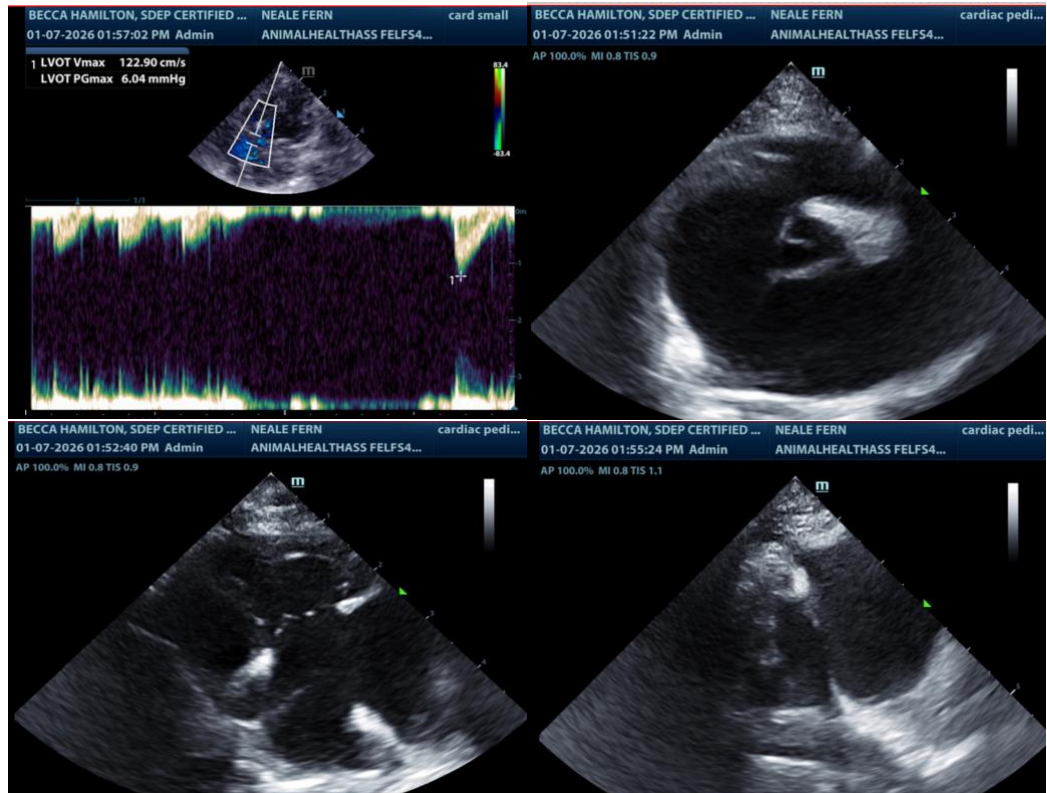
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Laurent Locquet, DVM MRCVS GPCert (VC) Diplomate ECVIM-CA

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