



PATIENT

Franklin Karsten

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

15.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hello Vet Pet Wellness
 Center

REFERRING VET

Dr Stern

INVOICE

35737

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Grade 2/6 left systolic heart murmur intermittent, detected with increased heart rate. Mild increased inspiratory lung sounds, diffuse. No overt crackles or wheezes. Cardiomegaly - rule out cardiomyopathy vs congenital heart disease. bronchial pattern - rule out allergic / inflammatory, bronchitis/asthma vs infectious vs parasitic vs inhaled irritant. Meds: 100 ml LRS SQ ever 12-48 hours as needed.

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

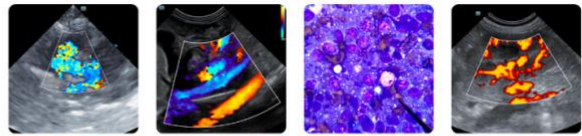
FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	15.5	NM	0.44	1.85	0.45	47	81
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (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	1.17	1.42	--		1.56	1.47	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

Every p-wave was followed by a qrs complex. Every qrs complex was preceded by a p-wave. The qrs complexes are normal and regular. Heart rhythm was regular. The heart rate was approximately 240 b/p/m.

Cardiac Presentation

The echocardiogram demonstrated normal left atrial size based on three separate measurements, including LAD (left atrial diameter), and LA/Ao using both the Swedish method and the method described by Boon. The cranial and caudal mitral valve leaflets appeared normal in 2D, and color Doppler revealed no mitral valve insufficiency. The left ventricle appeared normal, with normal thickness of both the left ventricular free wall and the interventricular septum. The myocardium presented as normal, without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate and within the normal range for this patient, evidenced by fractional shortening measurements and subjective evaluation of the myocardium from multiple regions and imaging angles. The LVOT demonstrated normal structural appearance in 2D,



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including a normal aortic valve. Color Doppler and spectral Doppler showed non-turbulent flow with normal velocities. The right atrium and auricle revealed no abnormalities. No evidence of masses was identified. The tricuspid valve appeared normal in 2D, and color Doppler showed no tricuspid insufficiency. The right ventricle was normal in size (approximately one third of the left ventricular diameter) with normal chordae structure, myocardial echogenicity, and wall thickness. The pulmonic tract assessment revealed no abnormalities. The pulmonic valve appeared subjectively normal in 2D; color Doppler identified no turbulent flow, and velocities were within reference ranges. No visible pericardial or pleural effusion was noted, and no extracardiac pathology was detected in the visible imaging planes. The cranial mediastinal and pericardial regions were free of visible masses.

ULTRASONOGRAPHIC FINDINGS

- This heart is functionally and structurally normal based on today's echocardiographic examination.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is possibly an idiopathic flow murmur and not hemodynamically significant.



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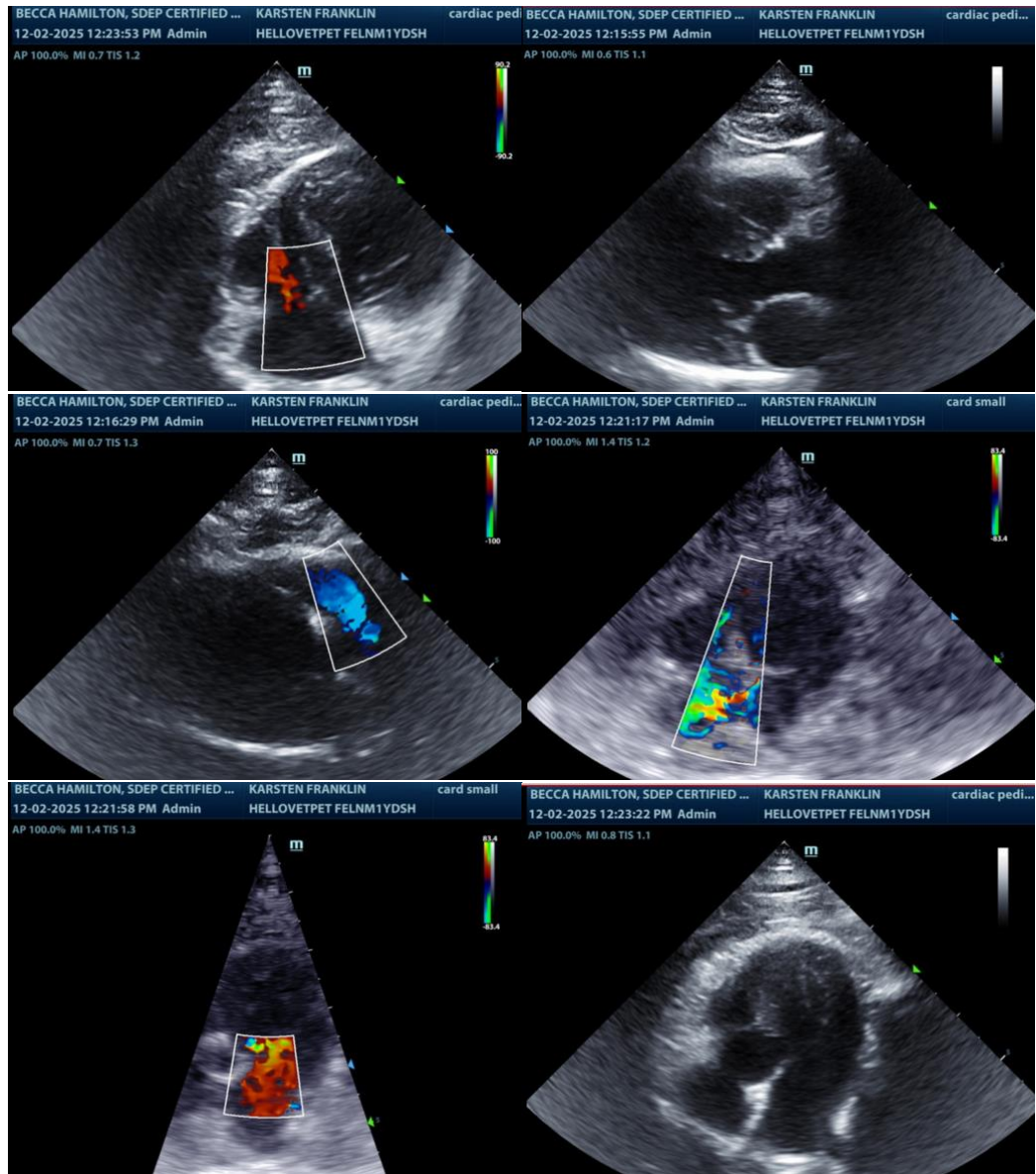
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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