



PATIENT

Bruce Yuill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 5 Months

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sammi Fuller

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Sammi Fuller

INVOICE

35124

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Murmur grade 3/6 PMI R side inaudible L side cat on Atenolol 6.25 mg PO SID- diagnosed previously with HCM (see previous report from last yr).

Abnormal PE/Chem/CBC/UA Results: BP: 101/65 (77) mmHg (mean of 5 readings) BW: CBC, Chem 12, T4/SDMA normal Chest XRays- no cardiomegaly, no indication for pulm edema Cat doing well, asymptomatic. Monitoring for progression of dz, whether additional meds warranted.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (mm)	LVIDd (cm)	LVWd (mm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	6.5	NM	4.7 mm	--	7.36 mm	--	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	--	1.45	1.69		0.56	0.65	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

HR 160bpm, regular, every p wave is followed by qrs complex, every qrs complex is preceded by p wave, QRS regular and narrow. This is compatible with a sinus rhythm.

Cardiac Presentation

The left atrium is slightly larger (still within reference values) compared to the prior echocardiogram. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. The left ventricular free wall is still thickened. The interventricular septum has a normal thickness. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. 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



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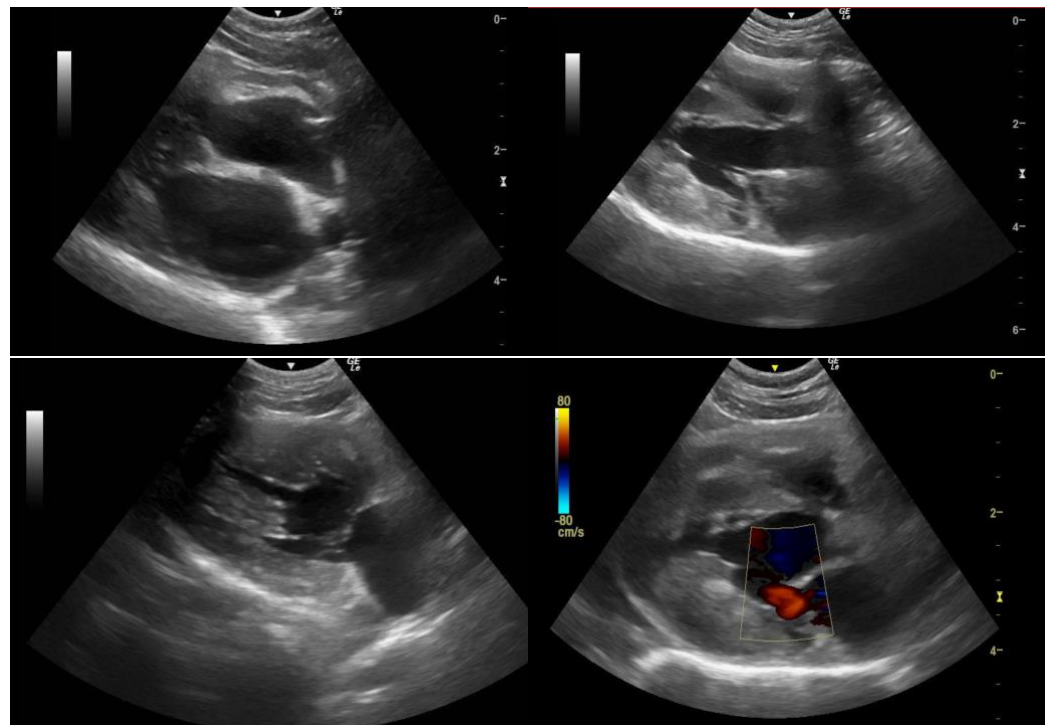
demonstrated adequate linear morphology and kinetics. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible pericardial 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 windows.

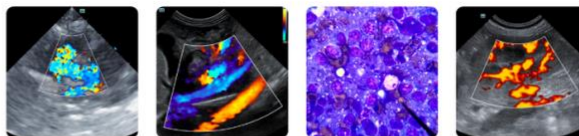
ULTRASONOGRAPHIC FINDINGS

- The left ventricular free wall is still thickened.
- The left atrium is still within reference values, but slightly larger than it was on the prior echocardiogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I would recommend continuing the medication unchanged, but recheck in 6 months, rather than one year.





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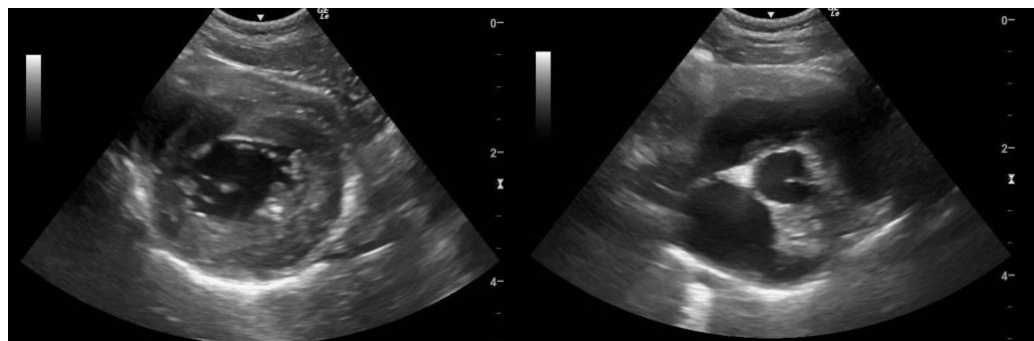
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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