



PATIENT

Angel Martin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT

HOSPITAL NAME

VCA Hohokus AH

REFERRING VET

Dr. Alipui

INVOICE

35739

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Cardiac arrhythmia, abnormal IDEXX BNP, chaotic rhythm w/ 1-2/6 HM

Abnormal PE/Chem/CBC/UA Results: Stage 1 CKD, creat 1.9

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	15.2	NM	0.34	2.01	0.37	43	77
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	1.75	1.58	1.66		0.85	0.72	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							

Cardiac Presentation

Mild left atrial dilation was noted. 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, 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.



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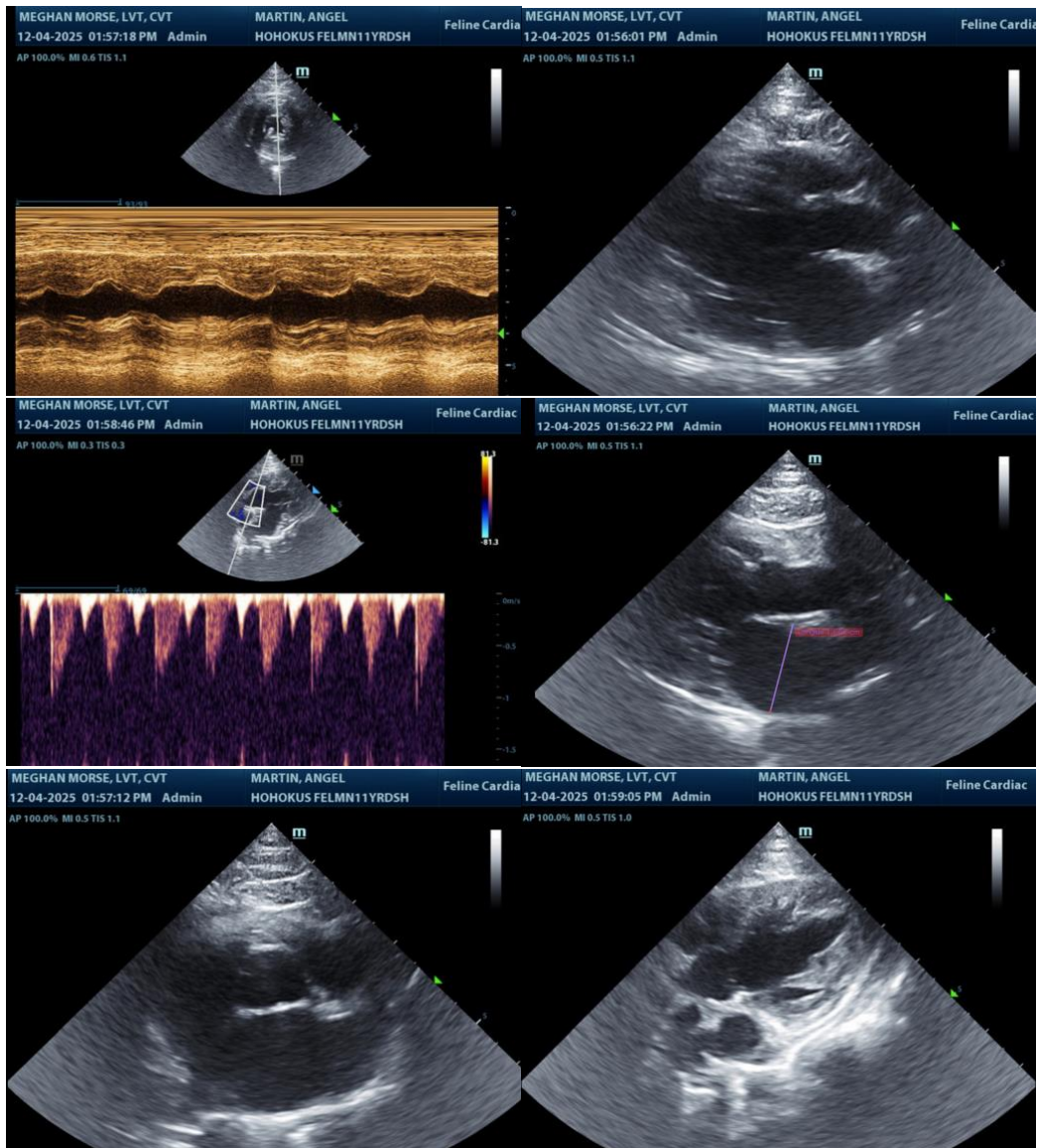
12/4/25

ULTRASONOGRAPHIC FINDINGS

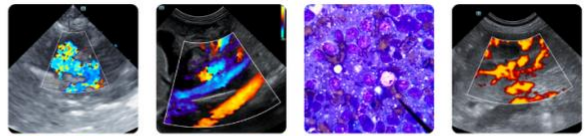
- Borderline mild atrial dilation
- Subjectively, there are arrhythmias during the scan, but no ecg was attached.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

ECG should be submitted for analysis. Management should be adjusted accordingly.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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

info@SonoPath.com