



PATIENT

Charlotte Bercovitch

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, CVT,
 LVT

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Alden

INVOICE

35696

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Increased proBNP on bw. Wants dental
- No murmur or arrhythmia auscultated on exam
- Abnormal PE/Chem/CBC/UA Results: Cardiopet ProBNP 379

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | 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 | -- | NM | 1.03 | 1.72 | 0.49 | 60 | 91 |
| 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 | 1.59 | 1.54 | 1.43 | | 0.87 | 1.01 | 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

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, 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



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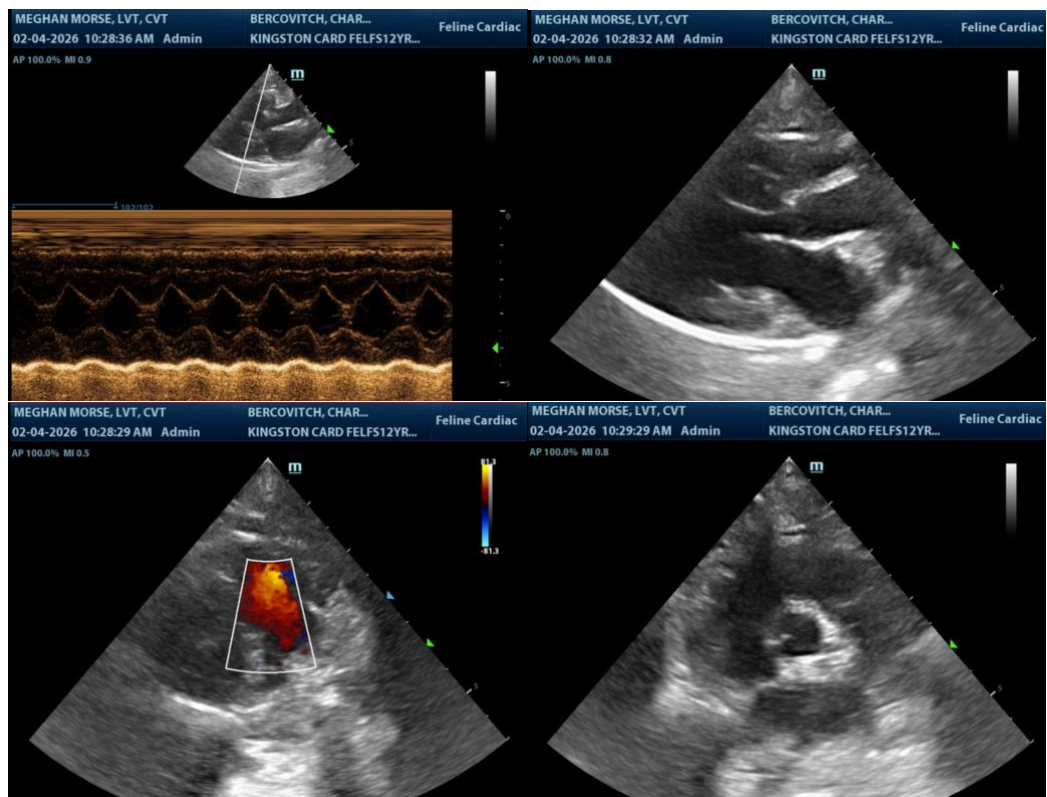
pericardial or pleural effusion was noted, and no extracardiac pathology was detected in the visible imaging planes. The cranial mediastinal and pericardial regions were free of visible masses.

ULTRASONOGRAPHIC FINDINGS

- Structurally and functionally normal based on this echocardiography

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the presence of an elevated NT-proBNP, echocardiography is indicated, as NT-proBNP serves as a screening test, while echocardiography remains the gold standard for structural and functional cardiac assessment. Based on the echocardiographic evaluation performed, no abnormalities were identified. At this time, no routine rechecks are recommended unless new clinical concerns arise. From a cardiovascular standpoint, the patient's risk associated with general anesthesia is not considered to be significantly increased based on the current findings.





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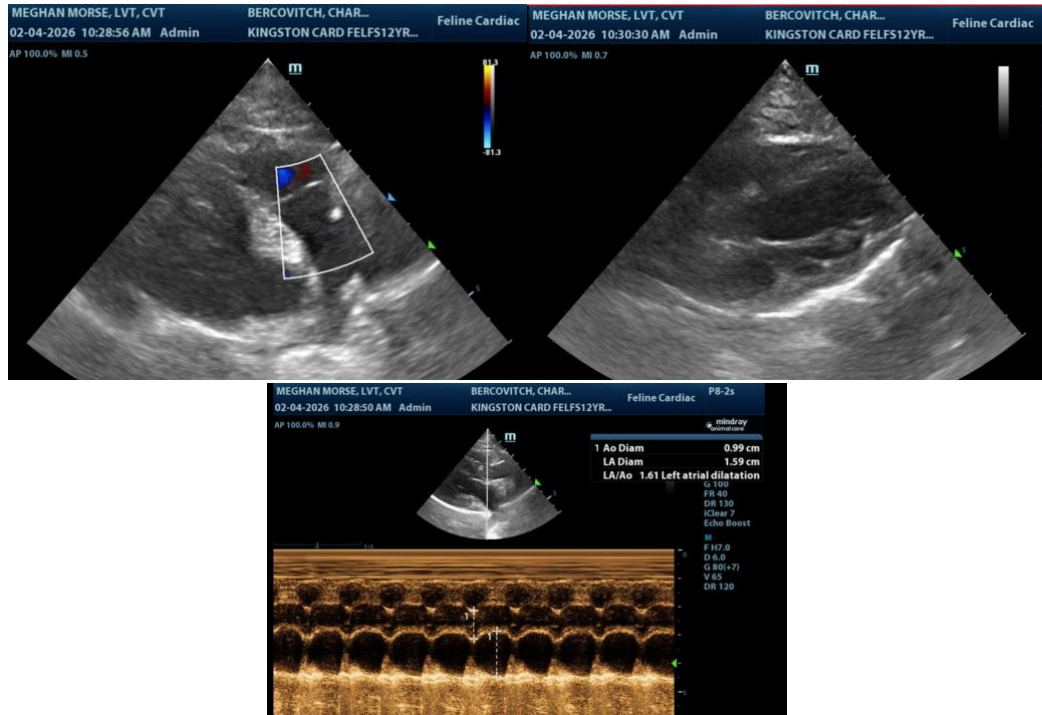
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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