



PATIENT

Macallan Izar

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

17 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Allendale VH

REFERRING VET

Dr. Izar

INVOICE

36294

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Recheck echo from 2/13/25
- Grade 2 murmur, clinically normal

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	HR (BPM)	IVSd	LVIDd	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	17 lbs	NM	5.11 mm	16 mm	0.54	38	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			<1.6	<1.3	40-60
PATIENT	1.43	1.10	50.3 mm		1.01	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 left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Left atrium, left ventricular free wall and the interventricular septum are still within reference ranges but have slightly enlarged and thickened respectively compared to last time.

INTERPRETATION OF THE FINDINGS & 6 RECOMMENDATIONS

No medication is necessary but recheck is recommended in 6 months rather than one year.



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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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