

**PATIENT**

Galileo OConnell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

17 Years

**WEIGHT**

11.4 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse LVT  
CVT

**HOSPITAL NAME**

Kingston Animal  
Hospital

**REFERRING VET**

Dr. Turner

**INVOICE**

14961

**DATE**

04/08/26

**PRESENTING CLINICAL SIGNS**

Arrhythmia, murmur, increased ProBNP, gallop rhythm. Muscle loss, weight loss, increased kidney enzyme elevation

Abnormal PE/Chem/CBC/UA Results: SDMA 16, BUN 46, Creat 1.2 Cardiopet proBNP 653

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (klbs)	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	11.4	NM	5.5 mm	--	5.1 mm	53	--
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	1.49	1.6	16.0 mm	1.0	0.97	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**

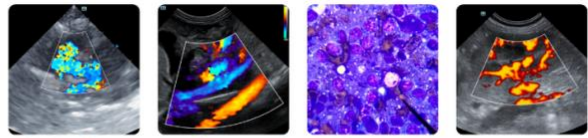
The left atrium was borderline normal in all 3 views. The mitral valve was normal. The left ventricle was normal. The myocardium was normal. Contractility was normal. Left ventricular outflow tract was normal. The right atrium was normal. No evidence of masses. The tricuspid valve was normal. The right ventricle was normal. The pulmonic tract was normal. No visible pericardial effusion or pleural effusion. The cranial mediastinum and pericardial regions were free of masses in the visible windows.

**ULTRASONOGRAPHIC FINDINGS**

- Structurally normal heart.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

NT ProBNP is a good screening for structural heart disease but this echocardiography rules out any significant structural heart disease. If there is any suspicion of an arrhythmia, an ECG would be recommended as well.



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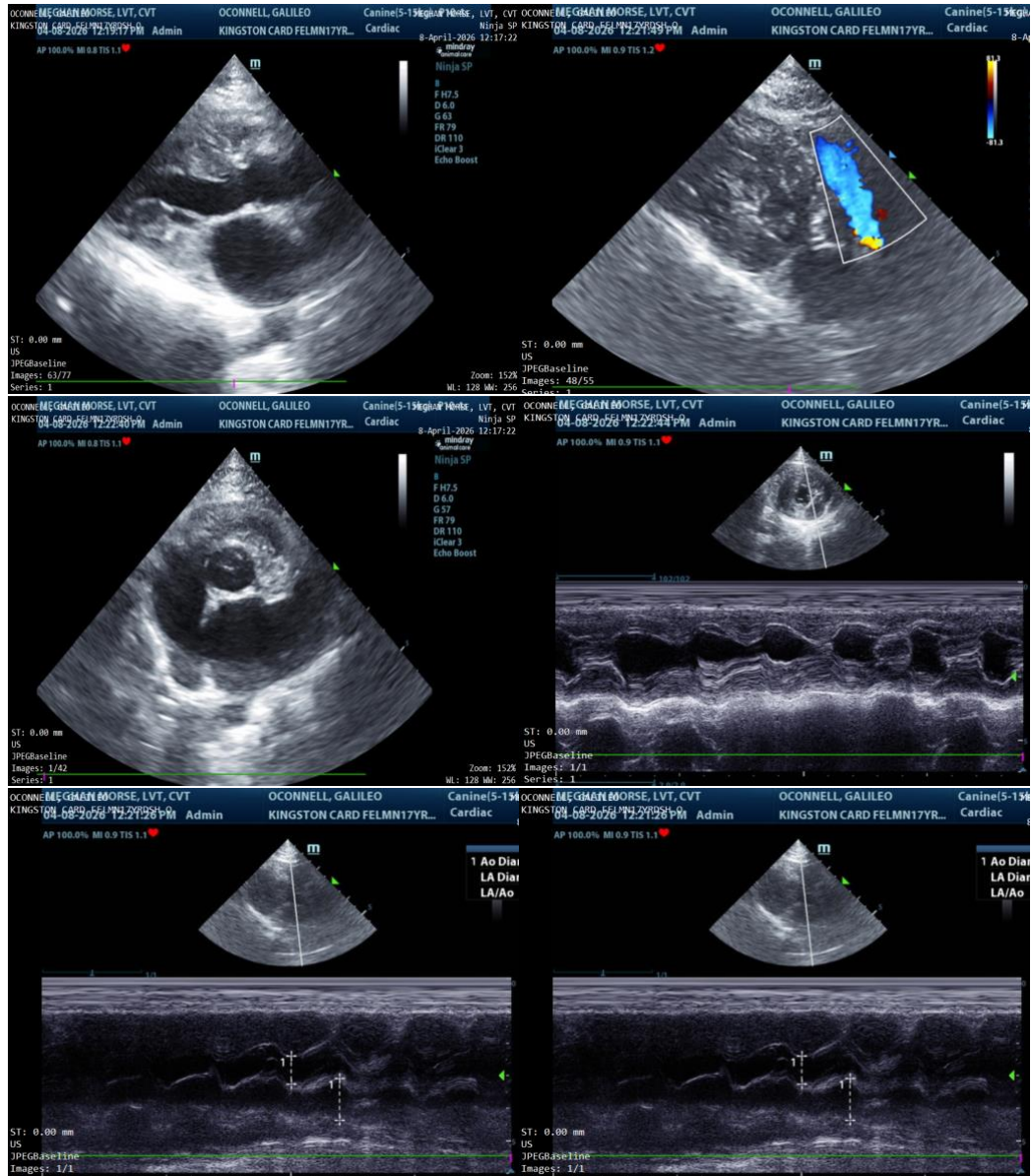
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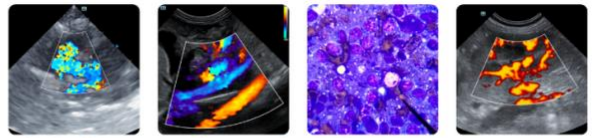


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)



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