



PATIENT

Hunter Mead

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole DVM
DABVP (Canine &
Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Norman

INVOICE

37234

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Intermittent HM and high proBNP. Recent history of weight loss, vomiting and hyporexia. Dx with pancreatitis, Giardia and coccidia - improved with treatment. No sedation for echo.

Abnormal PE/Chem/CBC/UA Results: PE - today, no audible murmur. AUS done at specialty clinic showed acute-on-chronic pancreatitis (3/23/2026) Previous echo report attached - 6/14/2022. 3/19/2026 - proBNP 1,500.

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	9 lbs	NM	0.53	1.64	0.59	40	74
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	1.57	1.36	15.9 mm		0.93	NM	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

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The left atrium is normal in size. MV appears normal with mild mitral regurgitation. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. No obvious TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

ULTRASONOGRAPHIC FINDINGS

- Stable compared to the previous echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck is recommended in one year, sooner in the case of concerns.



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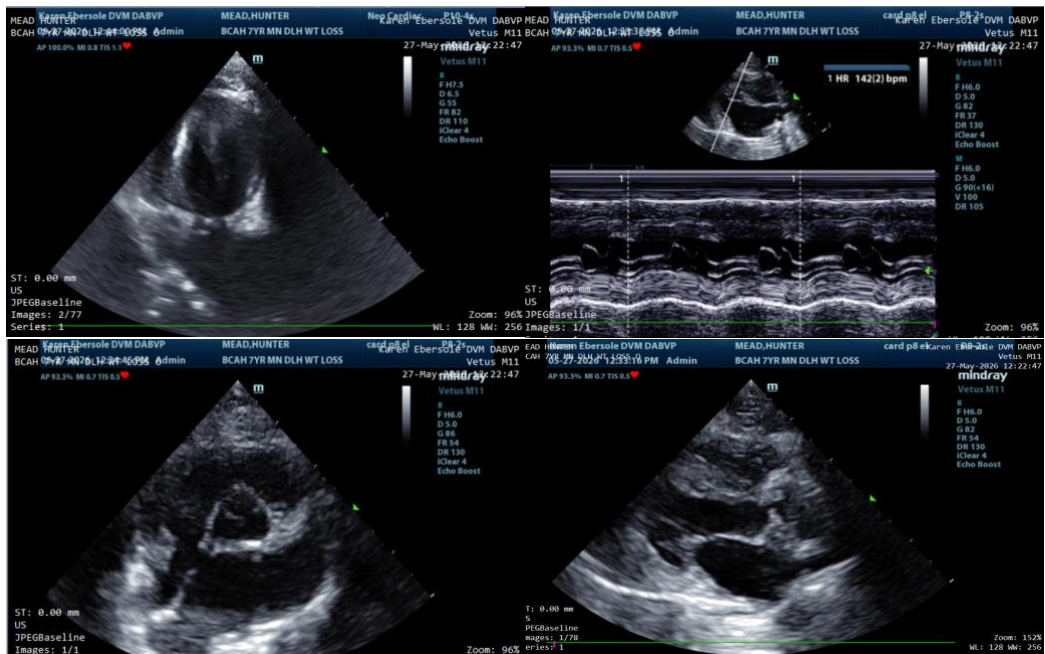
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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