

PATIENT

Pint Galese

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 years 7 months

WEIGHT

N/a

PRESENTING CLINICAL SIGNS

New HM noted on PE 12/19/25, 2/6 parasternal. R/O inappropriate urination

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	NP	171	0.4	1.2	0.4	65	94
FELINE CARDIAC PARAMETERS	LA/AO (m-mode long axis)	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	1.37	1.25	1.3		1.0	0.8	45
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							

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline practice)

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Dodson

INVOICE

11023

DATE

1/2/2026

Cardiac Presentation

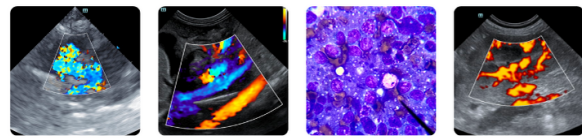
The **left atrium** is of normal size with no evidence of spontaneous echocardiographic contrast or thrombus formation. The **left ventricle** is normal in diameter with normal free wall thickness, and demonstrates good systolic function. Ventricular septum diastolic wall measurements are within normal limits. The **right atrium** is subjectively of normal size and **right ventricle** dimensions and systolic function are subjectively normal. The **mitral, tricuspid, aortic** and **pulmonary valves** all exhibit normal appearance and function, and no vegetative lesions were seen. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. There is no evidence of pericardial or pleural effusion, and no masses are seen.

ULTRASONOGRAPHIC FINDINGS

Normal feline heart.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of cardiac disease on today's echocardiogram, suggesting the presence of a benign, physiologic murmur, which is a common occurrence in cats. While there is no evidence of cardiac disease today, this patient could develop acquired cardiac disease in the future, just like any cat. Thus, should the patient's heart murmur progress or symptoms of cardiac disease develop, a recheck echocardiogram would be indicated. An annual quantitative proBNP may be useful in this patient to screen for emerging cardiac disease in the future, given that the pre-existing physiologic murmur will make it more challenging to detect whether acquired heart disease has developed.



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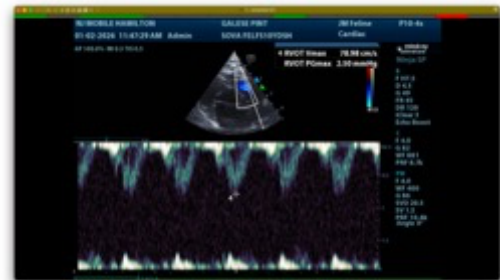
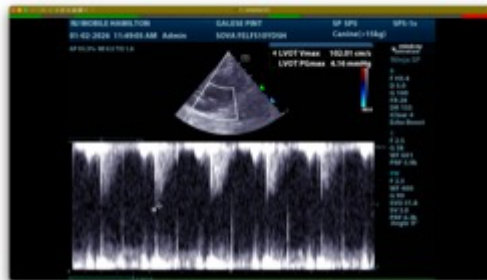
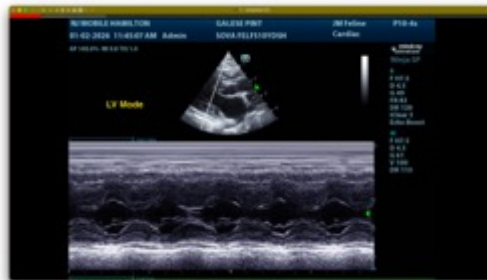
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com