



**PATIENT**

CC Poras

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

7.8 Pounds

**INTERPRETED BY**

Tam Mengine DVM,  
DABVP (Canine/Feline  
Practice)

**IMAGING PERFORMED BY**

Dr. Karen Ebersole DVM,  
DABVP (Canine and  
Feline)

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Matthew Fortin

**INVOICE**

35211

**DATE**

1/3/26

**PRESENTING CLINICAL SIGNS**

History: Elevated proBNP. No clinical signs of cardiac disease. Skin issues/pruritus reported by owner. Abnormal PE/Chem/CBC/UA Results: PE: no audible murmur. Mature wellness BW - BNP 1222, rest NSF.

**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	3.5	255	0.4	1.7	0.4	60	91
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	1.2	1.3	1.0		0.8	1.4	57
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** is of normal size with no evidence of spontaneous echocardiographic contrast or thrombus formation. The **left ventricle** is normal in diameter with normal wall thickness and demonstrates good systolic function. There are false tendons present within the left ventricular chamber, which are an incidental finding in cats. The **right atrium** is subjectively of normal size and **right ventricle** dimensions, and systolic function are subjectively normal. There was no evidence of chordae tendineae rupture or valvular prolapse in either valve and no vegetative lesions were seen. The **mitral, tricuspid, aortic** and **pulmonary valves** all exhibit normal appearance and function. IVRT is appropriate for patient heart rate. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. There is no evidence of pericardial effusion or pleural effusion, and there are no masses seen.

**ULTRASONOGRAPHIC FINDINGS**

- Normal Feline Heart

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- There is no evidence of cardiac disease on today's ultrasound. An ECG would also be recommended for complete evaluation of cardiac function.



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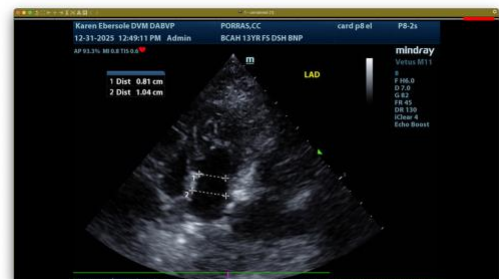
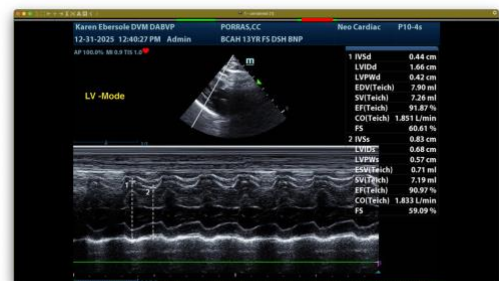
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- Alternate possible causes for an elevated ProBNP include underlying renal disease, systemic hypertension and hyperthyroidism. Screening for these illnesses with bloodwork, urinalysis, and blood pressure measurement (ideally with gabapentin or pregabalin on board) is recommended, if not already performed.
- There are no contraindications for anesthesia for this patient. Given the patient's age, a protocol that includes an opiate pre-medication, with or without benzodiazepines, followed by induction with alfaxalone or propofol, and maintenance with isoflurane or sevoflurane, would be recommended. Local blocks are also recommended if appropriate, to reduce anesthetic needs.



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)

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