

PATIENT

Buddy Dicicco

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

14.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Neis

HOSPITAL NAME

Animal Health Center
Arkansas

REFERRING VET

Dr. Neis

INVOICE

70143

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Chronic frequent cough since owner acquired him as a stray 3 years ago. Diagnosed with asthma. Reportedly had about 1 month of improvement with methylprednisolone. Working diagnosis: chronic asthma.

Abnormal PE/Chem/CBC/UA Results: Soft heart murmur, wheezes auscultated on exhalation. Radiographs showed broncho interstitial pattern which matched those taken 9 months ago at previous veterinary hospital.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated mild **left atrial** enlargement with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. Dynamic obstruction was noted on B mode assessment. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	14.2 lbs	220	0.75	1.4	0.8	50	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	0.7-1.7		<1.6	<1.3	40-60
PATIENT	NM	1.8	2.0		-	-	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

ULTRASONOGRAPHIC FINDINGS

Hypertrophic cardiomyopathy with mild left atrial enlargement and dynamic obstruction. Moderate mitral valve insufficiency.



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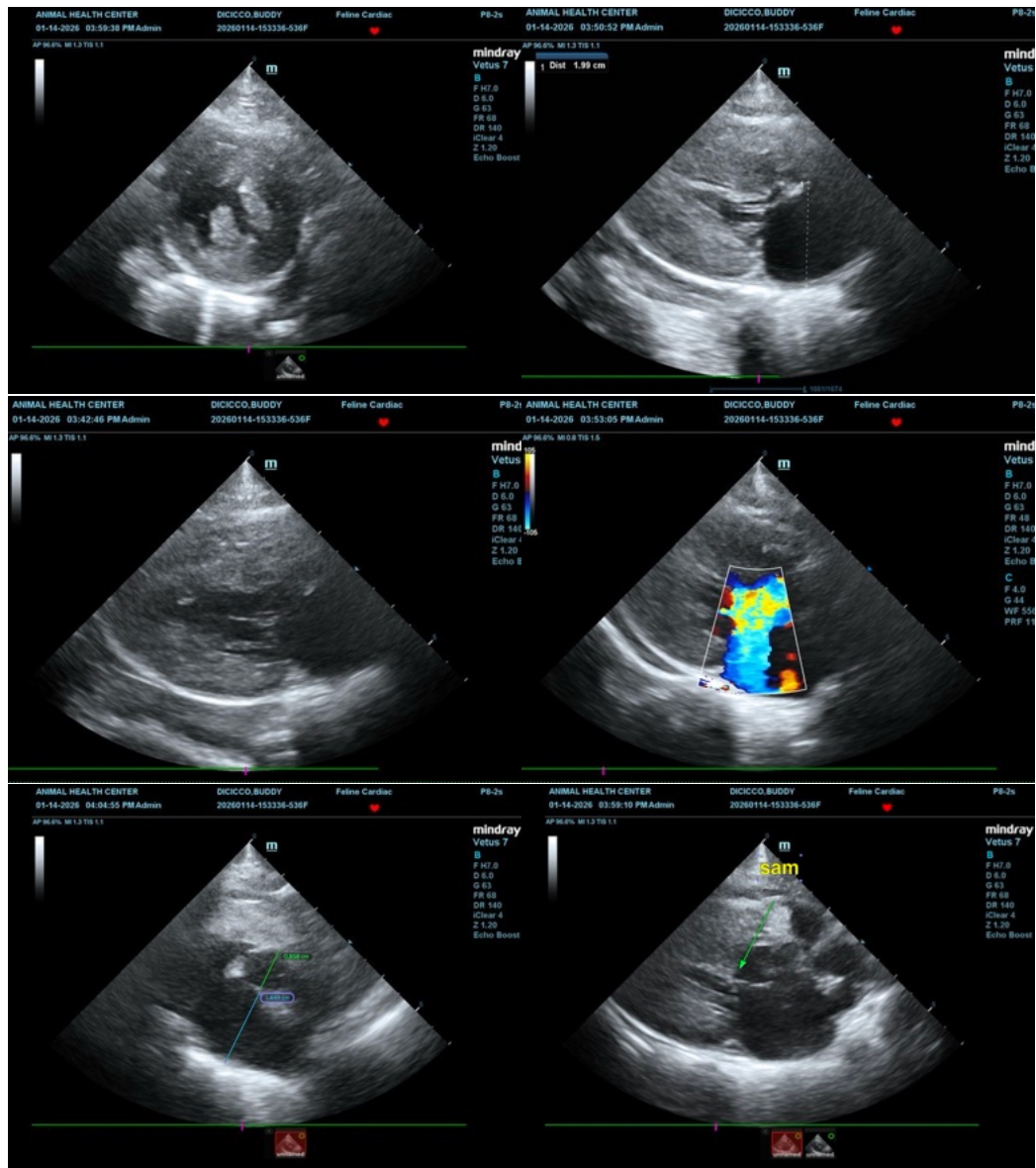
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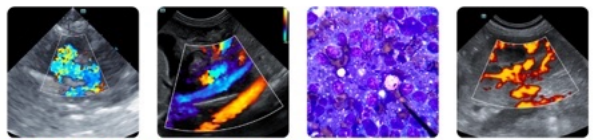
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend initiating Atenolol at 6.25 mg b.i.d. Plavix therapy is debatable. I do not believe that the cough is overtly cardiogenic in this patient. Cats typically do not cough owing to heart disease. However, there is concurrent hypertrophic cardiomyopathy phenotype. Primary respiratory protocol is warranted with Atenolol therapy and a recheck echocardiogram in a month. The target heart rate is less than 180.





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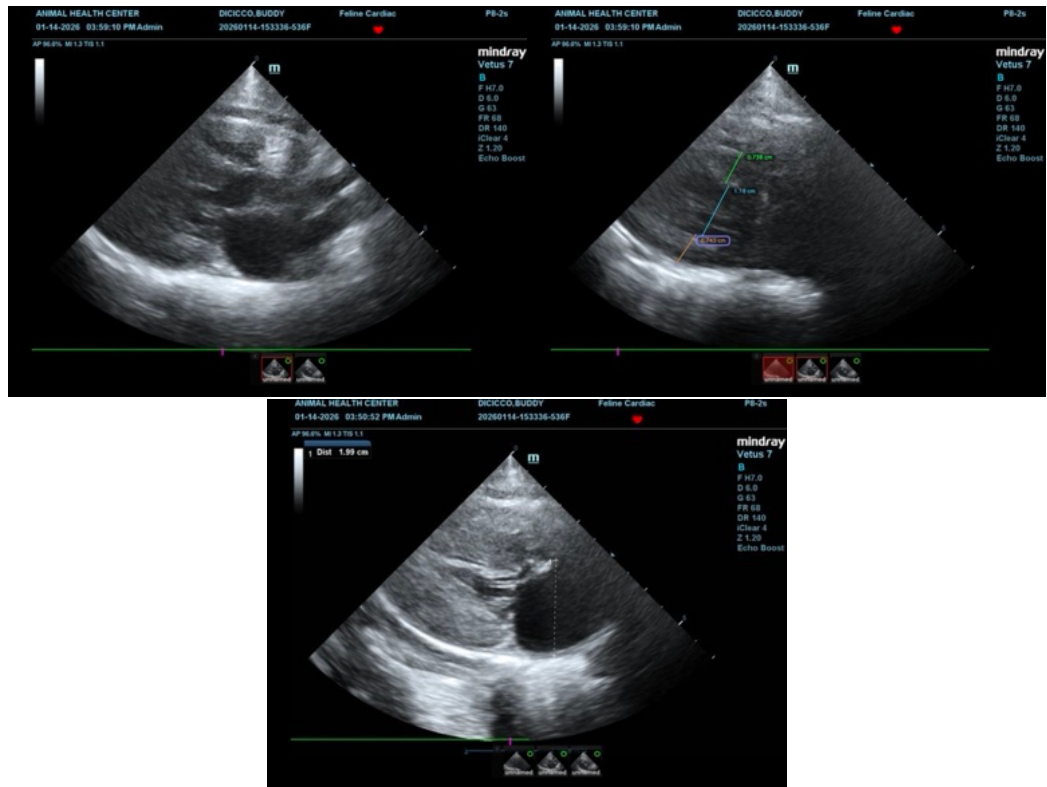
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com