



## PATIENT

Simon Luft

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

12 pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Jill Rumachik

## HOSPITAL NAME

Clarity Imaging LLC

## REFERRING VET

Dr. Eric Howlett

## INVOICE

13302

## DATE

01/21/26

## PRESENTING CLINICAL SIGNS

- 2/6 murmur noted on pre-op exam. No concerns at home. Pre-op dental

## 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	12.0	200	0.44	1.6	0.55	40	80
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	1.8	2.0	--		NM	1.0	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

## Cardiac Presentation

The echocardiogram in this patient demonstrated enlargement of **left atrial** size based on 3 separate LA measurements. Mitral valve insufficiency was noted on color flow assessment. Cardiac presentation revealed hypokinesis of the **left ventricular** free wall with adequate contractility of the left ventricular septum. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Arrhythmogenic activity was noted during the exam. Mild pericardial effusion was present consistent with left-sided heart failure. No evidence of neoplasia or tamponade effect. Hepatic veins were not dilated.

## ULTRASONOGRAPHIC FINDINGS

- Left atrial enlargement with mitral insufficiency.
- Unclassified cardiomyopathy with early left-sided heart failure and arrhythmia.



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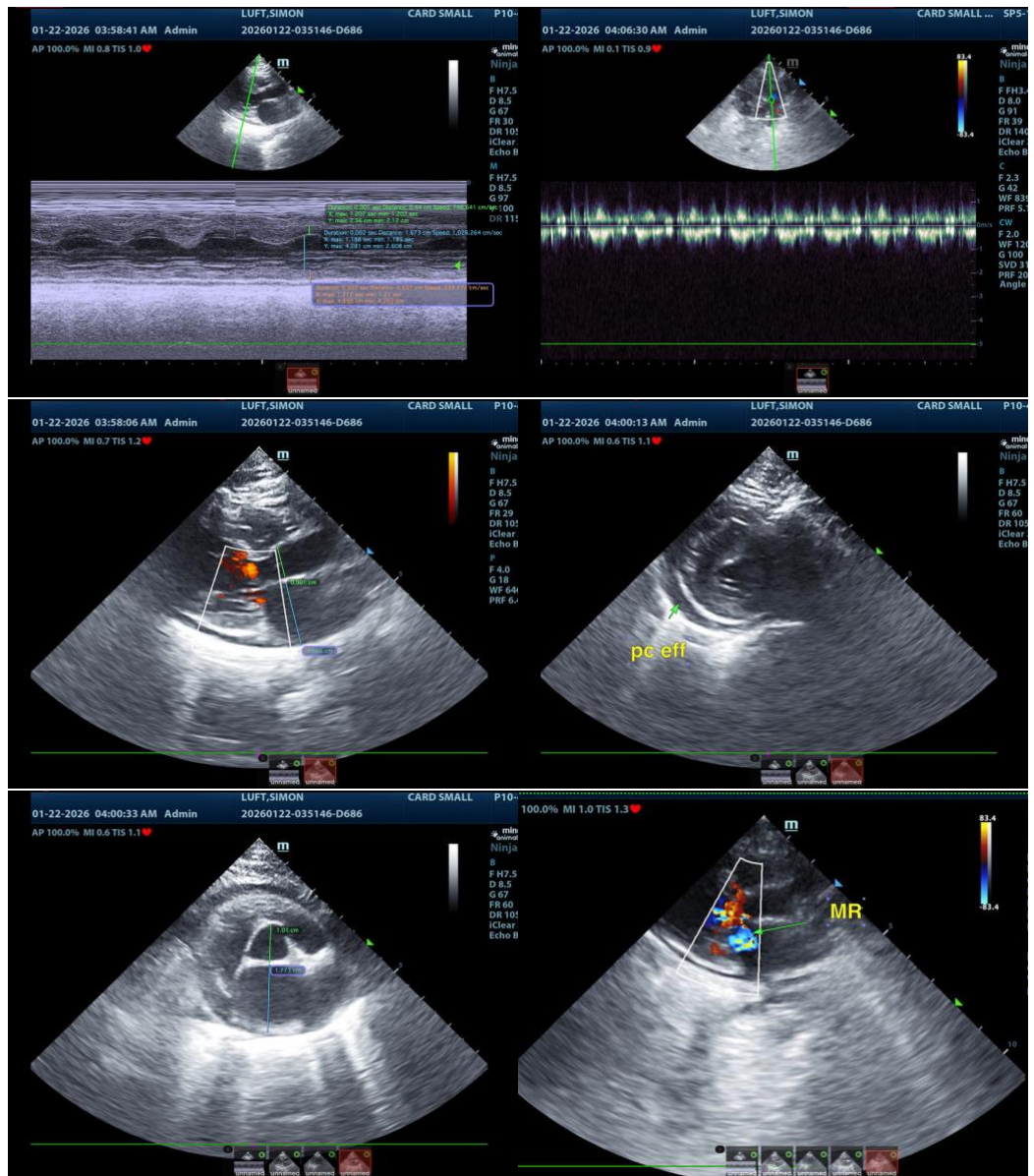
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend initiating Pimobendan 0.30 mg/kg BID, Plavix therapy, Lasix at 6.25 mg BID and ACE inhibitor ½ mg/kg SID. Recheck echo in one month. Prognosis is guarded. EKG and blood pressure is indicated with appropriate therapy. Torbutrol injection prior to blood pressure should be considered given the anxiety in this patient. This will not affect the cardiac function.





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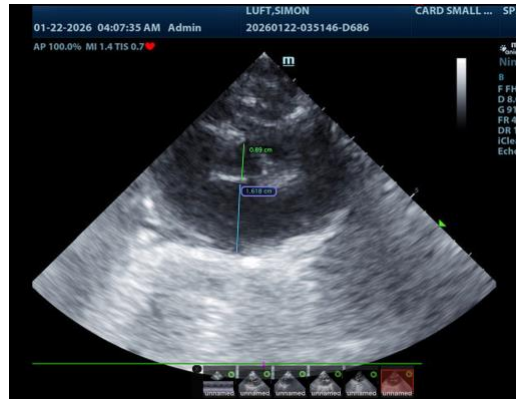
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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