



**PATIENT**

Cabbage McInturf

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

10.4 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**

69227

**DATE**

12/12/25

**PRESENTING CLINICAL SIGNS**

History: Diagnosed with DCM in Feb. of 2024. Was presented 2 weeks ago for lethargy, decreased appetite, and hiding. Meds: Furosemide 15mg qD, Diltiazem 7.5mg q12h, Clopidogrel 18.75mg qd, Pimobendan 1.25mg am, 2mg pm; Benazepril 2.5mg qd. Started on K+ supplement at that time. Abnormal PE/Chem/CBC/UA Results: 12/1: Elevated BUN (52 mg/dL), Cre (2.7 mg/dL), SDMA (17.4 mcg/dL), mild hypokalemia (3.1 mEq/L), HCT 53%. USG=1.016, trace protein. 12/12: BUN/Cre back to WNL (26 and 1.0, respectively). Potassium WNL (4.3 mmol/L). USG=1.016, trace protein

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated mitral and tricuspid insufficiency. The atrial size appears to be compensated; however, left ventricular volume overload with significant contractility was persistently poor. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. 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). There was no pleural or pericardial effusion.

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	10.4 lbs	230	0.37	2.1	0.42	15	
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	1.5	1.4	1.36				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**

Mitral and tricuspid insufficiency.

Compensated atrial size.

Left ventricular volume overload.



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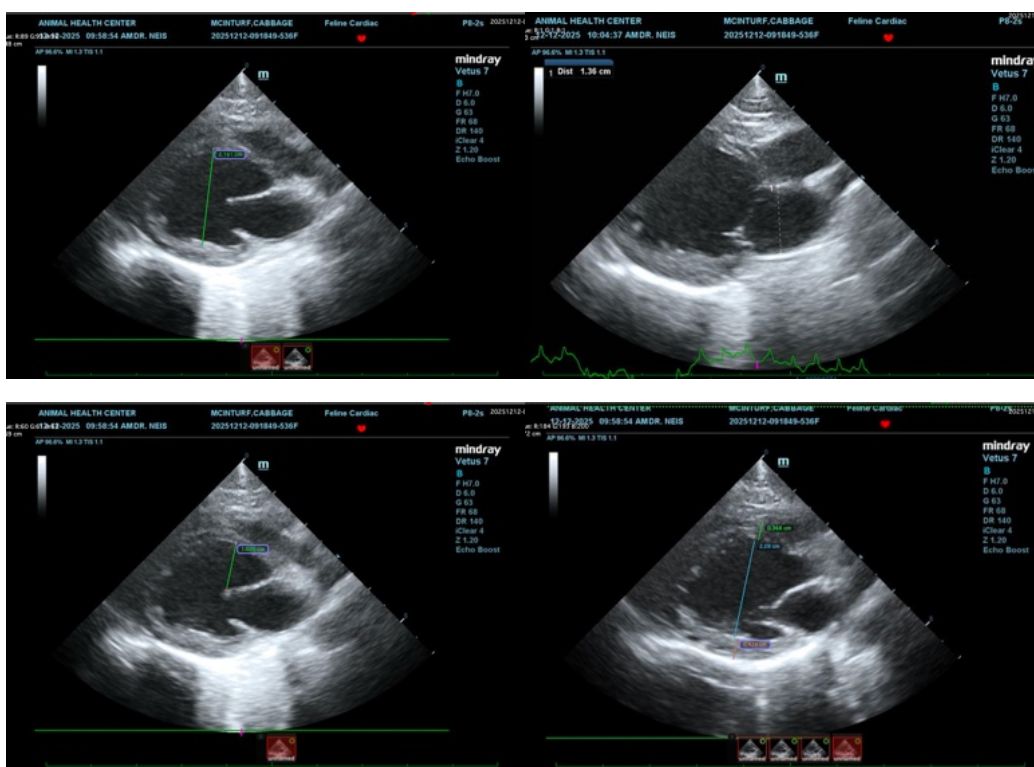
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Along with the current protocol I recommend ensuring that Pimobendan is being utilized at a b.i.d. dosing. Diltiazem, Furosemide and Benazapril should be continued. However, the azotemia may be playing a role in the clinical signs. Comorbidities in the abdomen should be investigated with abdominal ultrasound. Reduction in Furosemide may be necessary to reduce the azotemia; however, concurrent renal disease or prerenal disease in the abdomen should be ruled out. Other than left ventricular volume overload, the cardiac presentation appears to be fairly compensated at this time. Nutritional, taurine values and cause of myocarditis should also be considered if not already addressed.



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

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