



## PATIENT

Cutie Pie Booth

## SPECIES

Feline

## BREED

Himalayan

## SEX

Spayed female

## AGE

12 years

## WEIGHT

5.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jill Rumachik

## HOSPITAL NAME

Clarity Imaging LLC

## REFERRING VET

Dr. Arehart

## INVOICE

69323

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

History: Elevated proBNP (1500 pmol/L) noted on routine exam/bw. Known periodontal dz. No evidence of cardiac dz at home. Remainder of blood work unremarkable.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal wall thicknesses with slight excessive septal hypertrophy; however, this may be temporary. There was no evidence of structural or functional disease noted. 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 **pericardial** or 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.

| 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  | 5.8 lbs        | 200                       | 0.6                  | 1.2        | 0.5             | 50              | -        |
| 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  | 1.3            | 1.3                       | 1.2                  |            | -               | 1.0             | NM       |
| Adapted from June Boon, Veterinary Echocardiography, 1998<br>Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705 |                |                           |                      |            |                 |                 |          |

## ULTRASONOGRAPHIC FINDINGS

Slight left ventricular hypertrophy, essentially normal echocardiogram. Temporary myocardial thickening is noted.



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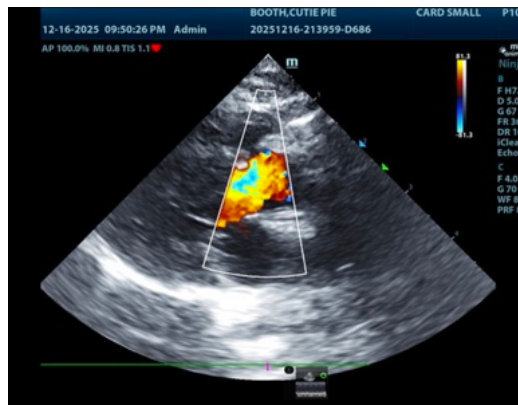
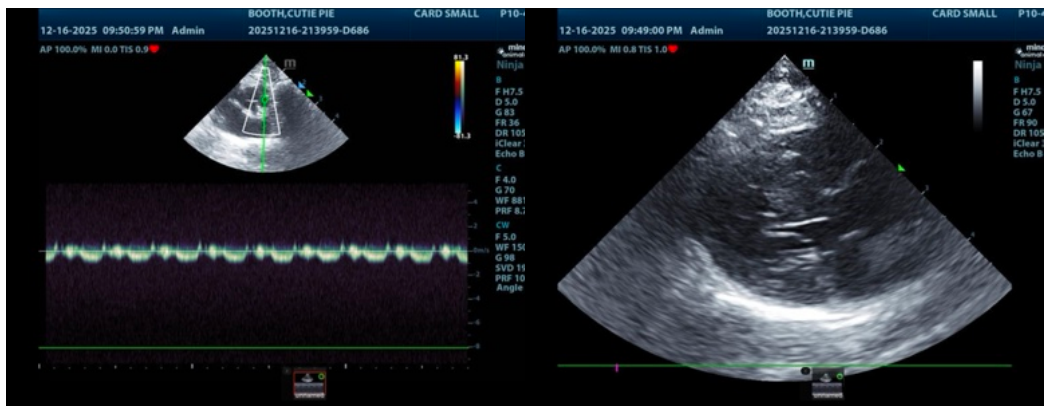
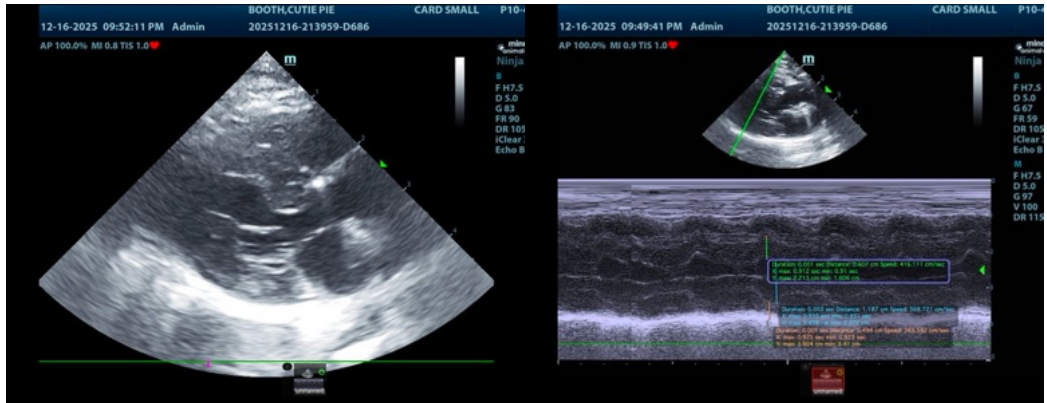
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Causes of volume contraction or systemic disease, hypertension and hyperthyroidism should all be ruled out if not already performed.



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.



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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](mailto:info@SonoPath.com)