



PATIENT

Chloe Crowley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.1 lbs

PRESENTING CLINICAL SIGNS

VPCs present on pre dental cleaning ECG. Audible arrhythmia. Looking for underlying heart disease.

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	9.1	NM	0.37	1.56	0.43	62	92
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	1.1	1.43	--		1.11	0.78	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

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Laux

INVOICE

72666

DATE

12/17/25

EPSS = 0.1

Cardiac Presentation

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. Septal and free wall thicknesses were fairly normal from a measurement standpoint. However, some impingement upon the left ventricular outflow tract noted by the left ventricular septum with sectorial hypertrophy. This is not clinically significant at this time. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid insufficiency noted at 2.5 m/sec, moderate. 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). Periodic arrhythmia noted in this patient. 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.

ULTRASONOGRAPHIC FINDINGS

- Minor sectorial hypertrophy with mild fixed LVOT impingement, a form of hypertrophic cardiomyopathy.
- Mild tricuspid insufficiency, compensated.
- Periodic arrhythmia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Anti-arrhythmics warranted if >20/min or if runs of VPCs are noted. No overt contraindication to anesthetic procedure. Torbutrol pre-med, Propofol induction, Isoflurane maintenance recommended.



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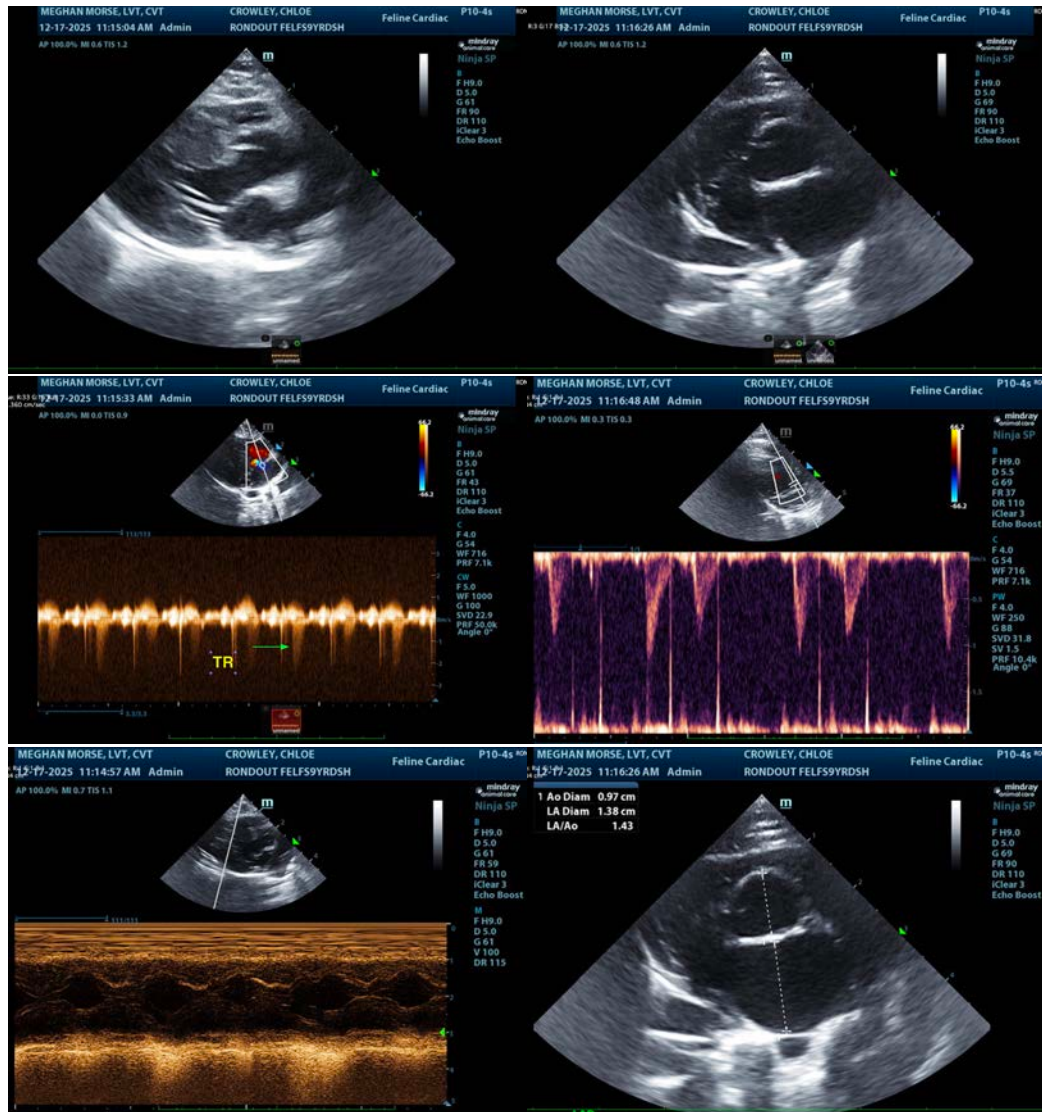
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Blood pressures and EKG monitoring recommended during the procedure. Recheck echo in one year, earlier if clinical signs initiate. Anti-arrhythmic management based on EKG results.





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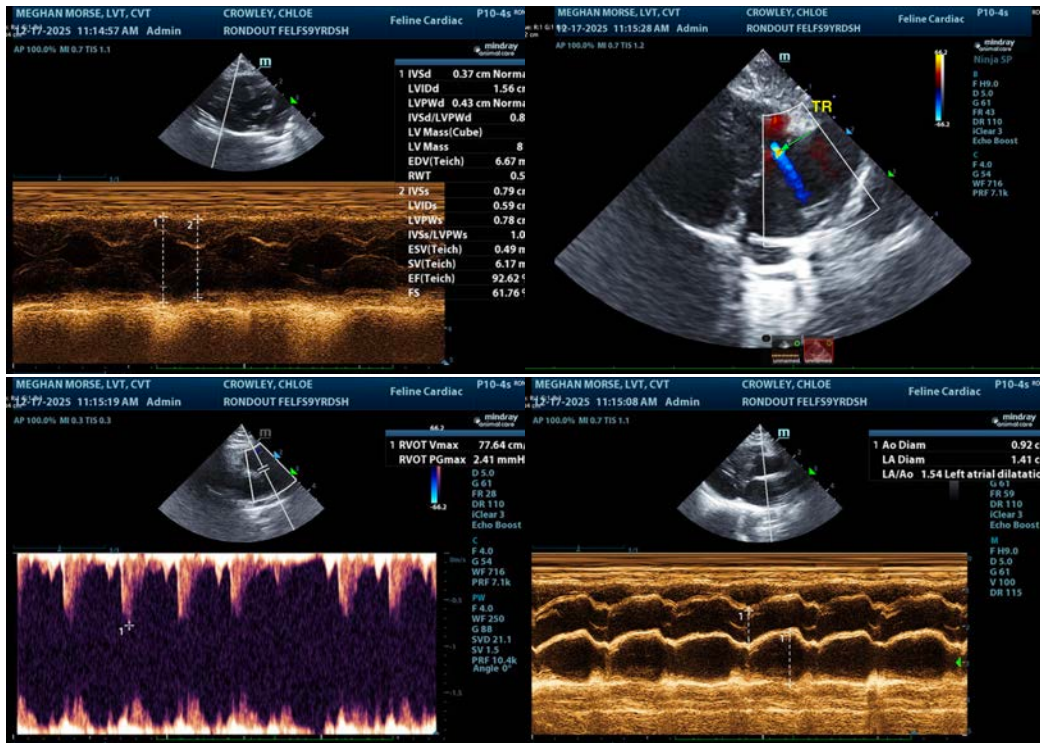
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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