



PATIENT

Jeanine Geundulain

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

14 Years

WEIGHT

2.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Buchanan

INVOICE

12820

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Found as stray a year ago - no heart murmur then. Ran away from home in August, returned home 3 days ago. It's also been very cold outside the last month. Has since been lethargic, inappetent, new heart murmur auscultated (grade 3/6 systolic). Lungs sound clear but increased abdominal effort in breathing (mild to moderate). No open mouth breathing. Resp. disease vs cardiac is what we want to assess. Also want to know if steroids are safe to give as a possible therapy. Submitting echo and supportive rads Rads also being sent for radiology consult

Abnormal PE/Chem/CBC/UA Results: Was dehydrated on presentation, sunken eyes, lots of feces stuck to the rectum and vulva. grade 3/6 systolic murmur. Lungs sound clear but increased abdominal effort in breathing (mild to moderate). No open mouth breathing. CBC: mild neutrophilia and monocytosis, some bands present suspect mild anemia (low normal with dehydration) Chem: mild hyperglobulinemia, mild hyperglycemia (suspect stress), mild elevation in SDMA/urea - unsure if renal or pre-renal Thorax rads: Opacity in cranial ventral. could be mass or consolidated lung. Bronchial pattern as well

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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	--	200	0.37	1.15	0.42	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	1.28	1.15	1.17		1.43	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 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 thicknesses with linear contour and was not dilated nor restricted. Mild **myocardium** remodeling was noted in this patient. **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



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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.

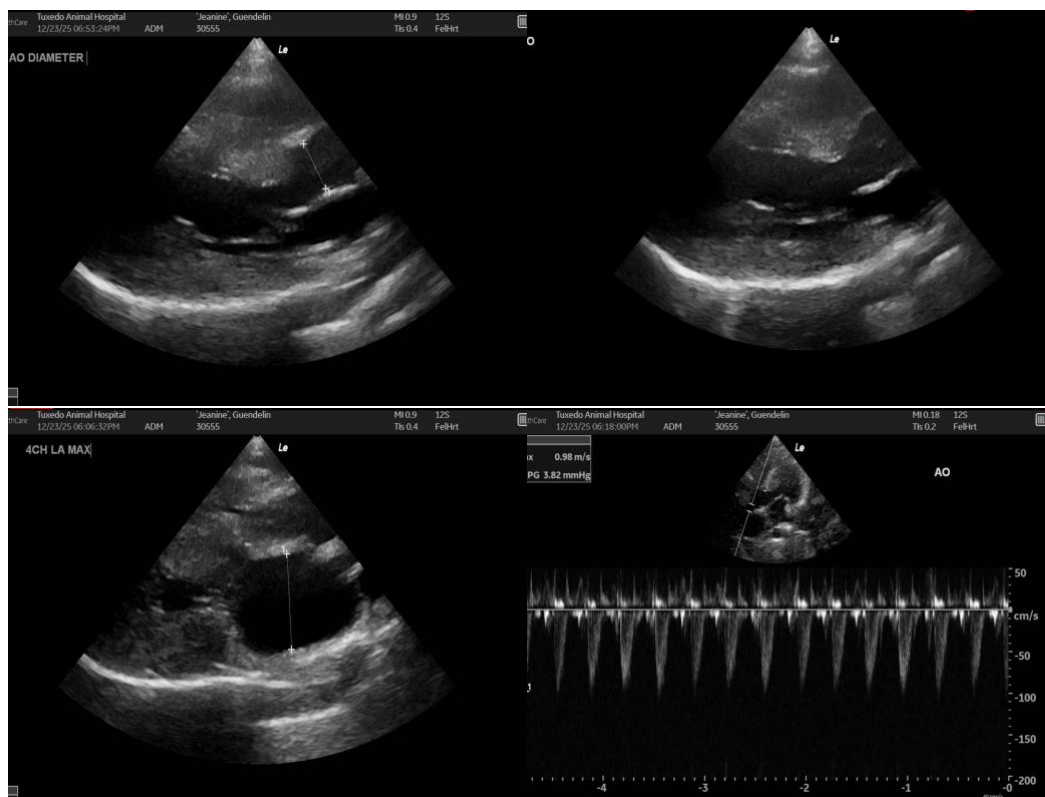
Radiographs revealed hyperinflated lungs and a prominent aortic arch with bronchioalveolar pattern.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function with geriatric changes- no evidence of cardiac disease responsible for the other clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal sonogram is recommended to assess for primary disease that may be influencing the lungs. Cranial thoracic intercostal approach may allow for visualization of the lung consolidation. Bronchioalveolar disease and mild potential for metastatic neoplasia. No evidence of cardiac disease responsible for the clinical signs.





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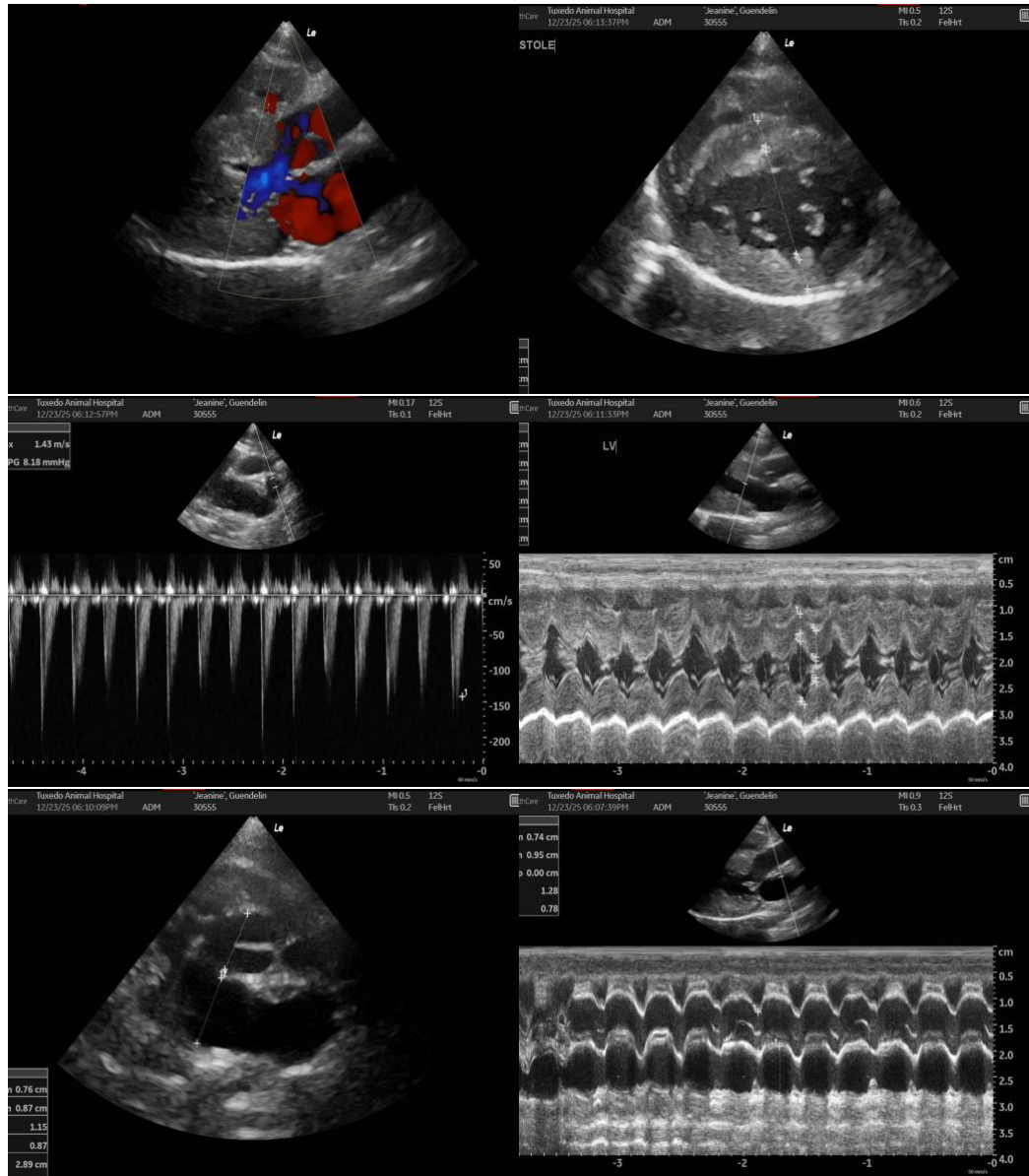
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com



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