



PATIENT

Mr. Beans Florin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

3 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lenore Saindon

HOSPITAL NAME

Underdog Pet Rescue

REFERRING VET

Dr. Allen

INVOICE

69716

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Referral from Fox Ridge Veterinary Care. Previous TNR cat presented to the clinic with a grade 3/6 systolic heart murmur. No clinical signs at this time. EXAM: WNL, BAR, sedated with 200mg gabapentin Left systolic- apical grade 3/6 heart murmur synchronous with femoral pulses
Abnormal PE/Chem/CBC/UA Results: SNAP proBNP- Abnormal (non quantitative)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated moderate **left atrial** enlargement. **Mitral** and tricuspid insufficiency was noted. The **left ventricle** presented sectorial hypertrophy and **myocardial** remodeling. **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. 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). The papillary muscle was excessively thickened. Slight **pericardial** effusion was noted. A fat density was noted in the pericardium of this patient with a tilted cardiac axis. This is a common finding with pericardial diaphragmatic hernia. The pericardial fat measured 0.7 cm in width.

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	12 lbs	220	0.54	1.4	0.54	45	-
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	2.2		-	-	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

Volume overload of the left heart, likely consistent with hypertrophic cardiomyopathy, potential PPDH.
Mitral insufficiency.
Left ventricular thickening.



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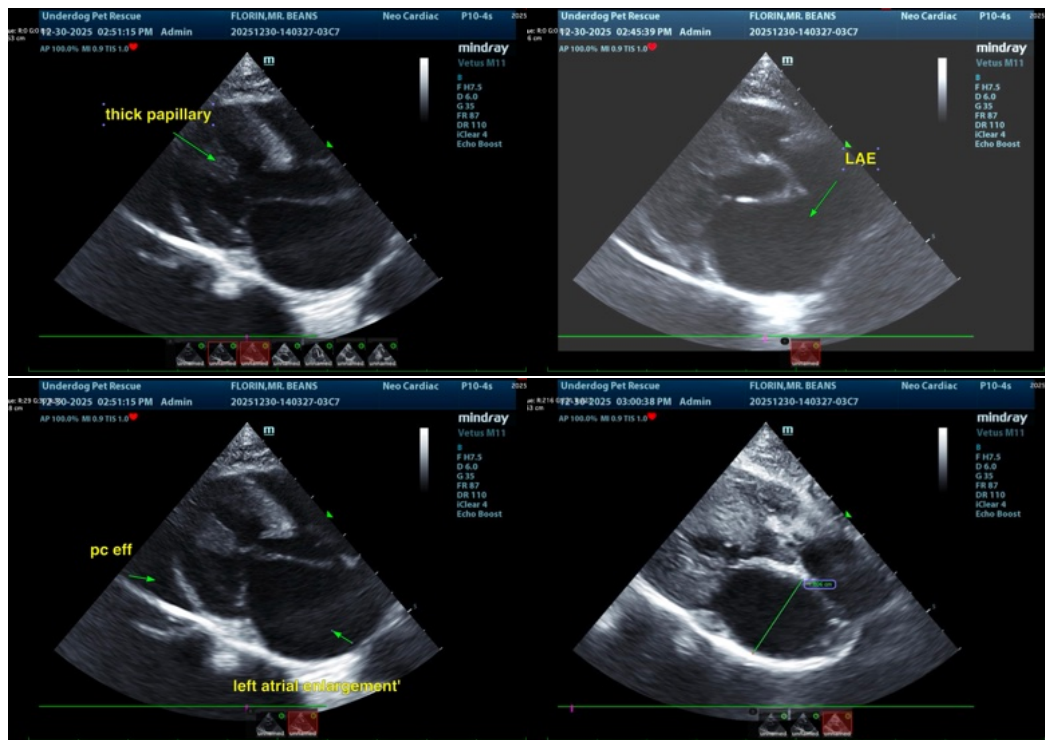
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are consistent with cardiomyopathy, likely a form of hypertrophic cardiomyopathy with left atrial enlargement and volume overload. Complicating factor is a concern for underlying diaphragmatic hernia. Examination of radiographs for potential PPDH is warranted in this patient given the pericardial fat and abnormal cardiac angle would fit with such PPDH presentation. Alternatively an abdominal sonogram of the cranial abdomen could be performed to assess for falciform fat herniation into the pericardium.

I recommend initiating Pimobendan at 0.3 mg/kg b.i.d. and ace inhibitor at 0.5 mg/kg s.i.d. Recheck echocardiogram is recommended in a week. Causes of myocarditis such as infectious agents, Bartonella and similar should be considered. Plavix therapy can also be justified. Monitoring for increased respiratory rate, exercise intolerance would be warranted as the left atrial enlargement is near the volume where left-sided heart failure may occur.





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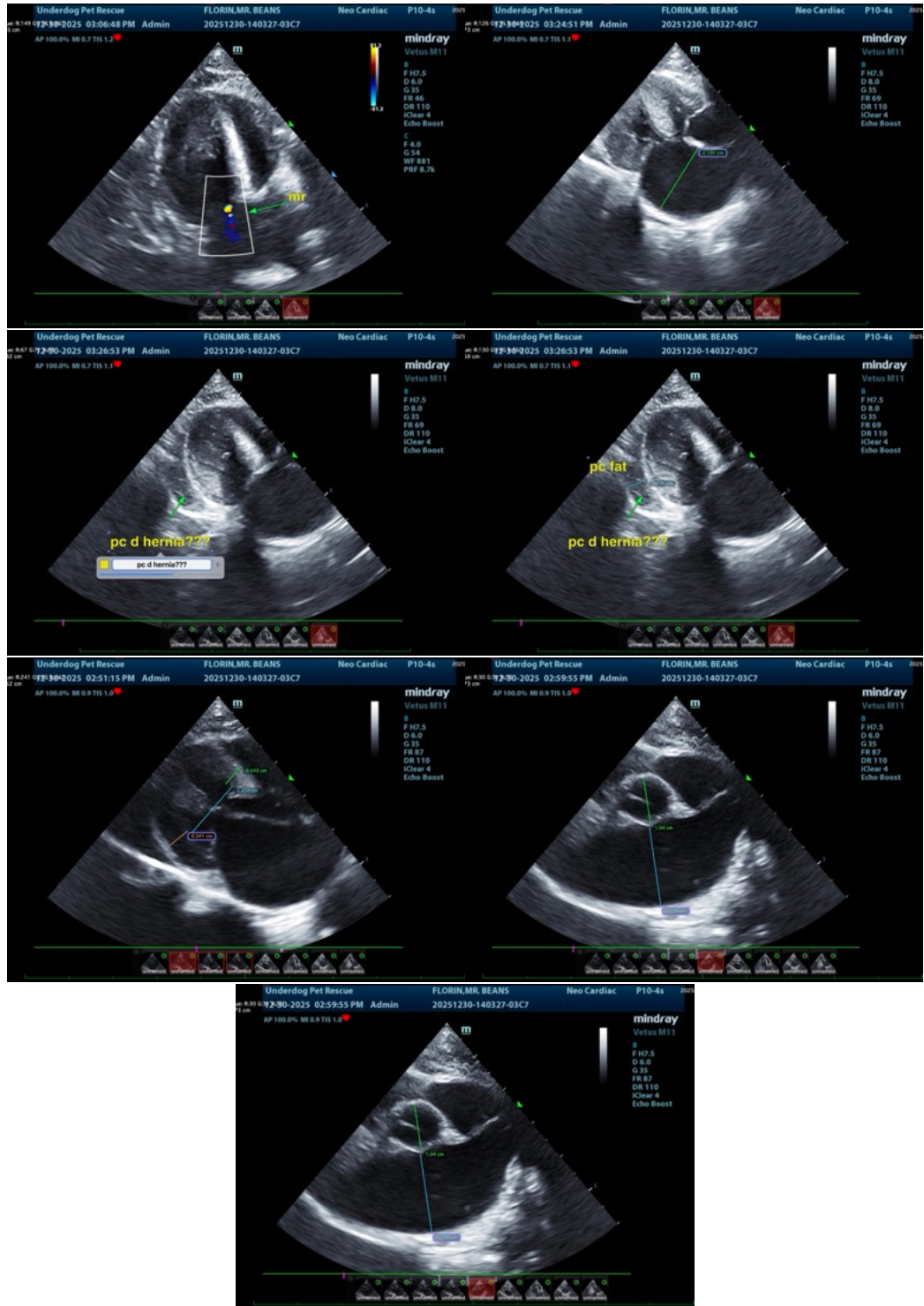
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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