



## PATIENT

Nova Husman

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Spayed female

## AGE

9 years

## WEIGHT

7.43 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Hollway

## HOSPITAL NAME

Seven Valleys VH

## REFERRING VET

Dr. Deihl

## INVOICE

71439

## DATE

2/10/26

## PRESENTING CLINICAL SIGNS

- CXR to evaluate heart due to hx of HM. AXR due to owner concerns that patient is constipated. Patient had not had bowel movement in 3 days, did finally have bowel movement yesterday but was small amount. This is a recurring issue. Was seen on Friday 2/6/26 for eye issues which have improved. Owner has been adding miralax to food.
- PE: BAR. No obvious masses palpable. Large soft bladder. NO obvious hard fecal material present in colon. 3-4/6 systolic noted. Lungs auscultate clear bilaterally; trachea clear. Some muscle wasting noted bilateral epaxials. BCS 4/9. Unkempt haircoat. Black/brown crusty eye discharge bilateral medial canthus. Grade 2-3 ddz
- Nova was manually deobstipated after completion of the ECHO
- CBC: NSF HCT = 30.7 --> low normal CHEMISTRY: NSF Lytes: NSF T4 = 1.6 normal Urinalysis sample collected via: cystocentesis 1.050 7.0pH Trace protein otherwise quiet sediment BP = 153.5 mmHg -- pre-hypertensive ECG = NSF CONCLUSIONS: There is cardiomegaly without evidence of congestive heart failure. Given the described heart murmur, cardiomyopathy is the presumed underlying cause but well compensated at this time. There is a mild bronchial infiltrate likely age-appropriate. There is a large amount of fecal material in the descending colon. Although this could be transient, clinical constipation must be considered. There is bladder distention. No other abdominal abnormalities are noted.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated volume contracted **left atrium**. Trivial **mitral** valve insufficiency was noted. The **left ventricle** presented normal septal and free wall thicknesses with minor **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. **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.



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	FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>		-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>		7.43 lbs	180	0.46	1.07	0.5	50	90
	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)
<b>NORMAL PARAMETER</b>		<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>		-	-	1.0		-	1.2	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**

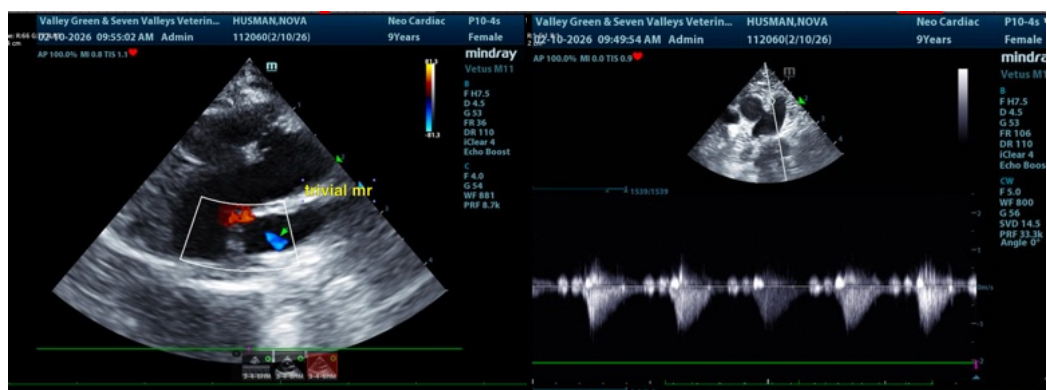
Essentially idiopathic flow turbulence.

Volume contracted heart.

Trivial mitral insufficiency.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of hypertrophic cardiomyopathy. There is appearance of pseudohypertrophy, volume contraction appears to be present. Assessment of hydration status is warranted. No cardiac medications are recommended. Recheck echocardiogram is recommended in 6-12 unless any clinical signs of heart disease are present, yet structurally and functionally the heart is unremarkable other than minor myocardial remodeling.





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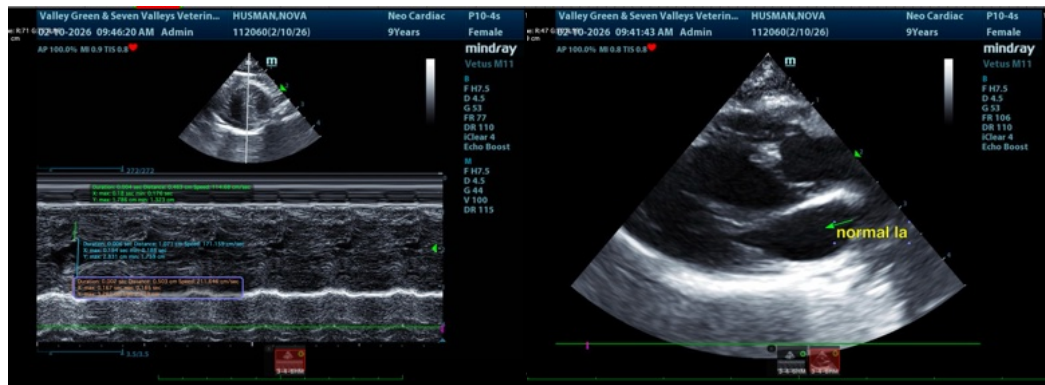
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)