



PATIENT

Muffin Lemma

SPECIES

Feline

BREED

Persian

SEX

Neutered Male

AGE

7 Years 11 Months

WEIGHT

11 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Black River Vet

REFERRING VET

Dr. Kellavy

INVOICE

13723

DATE

02/12/26

PRESENTING CLINICAL SIGNS

- Recheck hypertrophic obstructive cardiomyopathy
- HM 3-4/6

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	11.0	NM	0.62	1.6	0.52	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	1.2	1.2	1.2	2.0	0.90	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							

EPSS: 0.1 // E-wave Velocity: 1.0

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Moderate centralized **mitral valve** insufficiency was noted measuring 5.0 m/s. 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. Persistent septal impingement upon the **left ventricular outflow** tract was noted without significant systolic anterior motion (SAM). The **right atrium, right ventricle** and **pulmonary outflow** were unremarkable. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. 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.

Rapid view of the liver revealed no evidence of passive congestion. The extracardiac space was unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Stable hypertrophic obstructive cardiomyopathy.
- Otherwise, stable heart.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Atenolol is debatable in this patient but may be optimal if resting heart rate is greater than 200 or arrhythmia is present. An EKG is indicated if not already performed.

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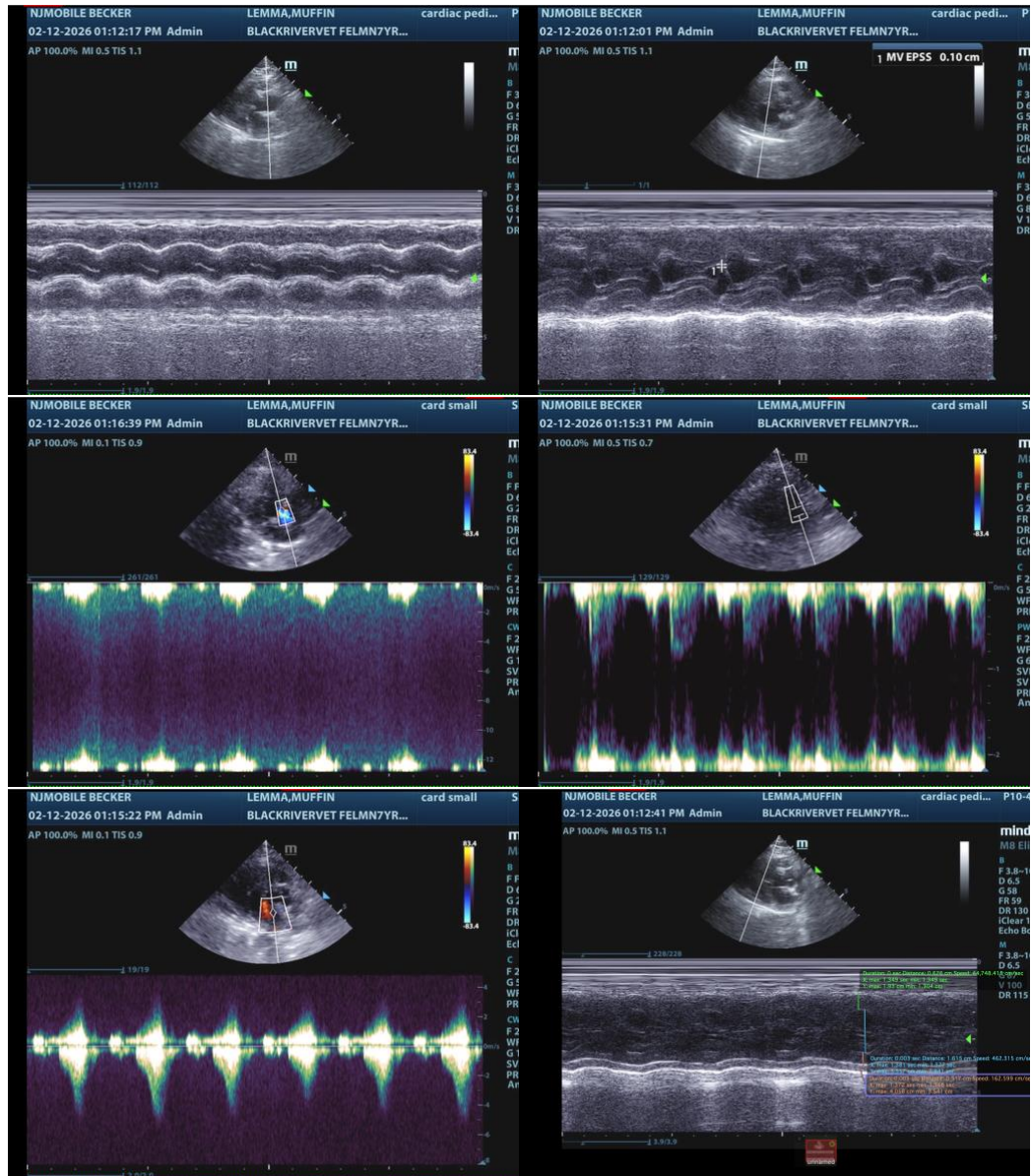
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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CEO, Owner, Founder -- SonoPath.com

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info@SonoPath.com

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