

PATIENT

Orchid Gatschenberger

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

12 Years

WEIGHT

2.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Kim

INVOICE

13782

DATE

02/14/26

PRESENTING CLINICAL SIGNS

- P presented in respiratory distress for 4 days. P has been living in a hotel for a few days and has recently moved into new house. Owners thought stress related and she would calm down but has not improved. P has been in oxygen at ER and will get stressed very easily. Did well outside of oxygen for echo with technician brushing her. No restraint
- Radiology Report" L cranial lung lobe alveolar pulmonary pattern with associated volume loss/left mediastinal shift. Consider Bronchopneumonia with a component of atelectasis mucus plugging. Given severity of mediastinal shift the possibility of lung lobe hypoplasia is considered but is less likely, Multiple small rounded and ovoid soft tissue pulmonary nodules likely due to mucus plugs but tru nodules, metastatic lesions, or granulomas cannot be excluded. small amt pleural effusion

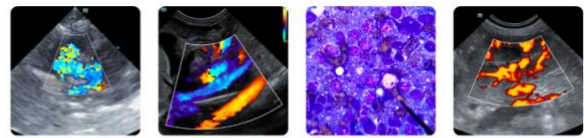
Abnormal PE/Chem/CBC/UA Results: ProBNP normal CBC wnl Chem TP 9.2, Glob 6.5

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	2.5	97	0.4	1.02	0.43	44	79
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	--	--		--	0.75	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. 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. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** was mildly enlarged likely owing to emerging pulmonary hypertension owing to the thoracic pathology. RA to LA ratio was 1:1. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was slightly prominent. **Pulmonic** tract



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assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). A 3.0 cm x 2.4 cm mineralizing lung mass was present with surrounding pleural effusion.

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- Lung mass.
- Pleural effusion.
- Secondary pulmonary hypertension.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no significant cardiac component in this patient. FNA of the lung mass is recommended +/- CT evaluation for potential surgical planning, however, given the pleural effusion, clean surgical intervention is likely problematic. Thoracic spread is a strong concern. Prognosis is poor. Sampling is strongly recommended under sedation of both the pleural effusion and the lung lesion.

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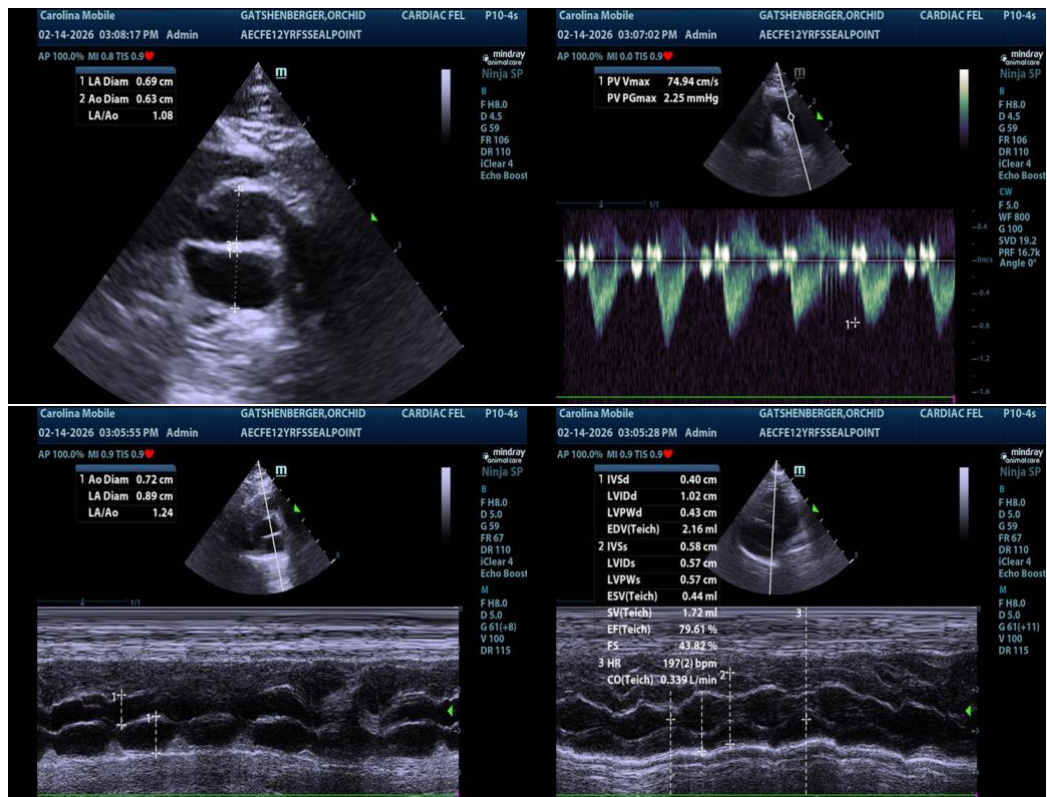
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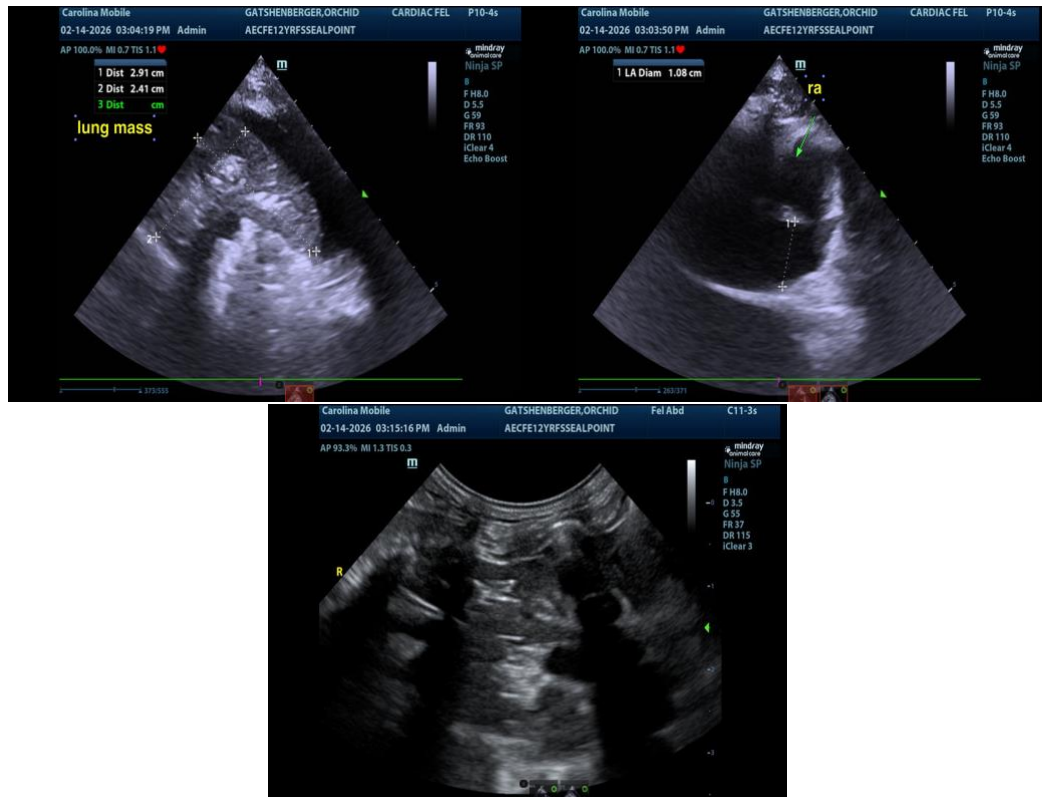
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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