



**PATIENT**

Loki Clark

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

12.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

**IMAGING PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Clarity Imaging LLC

**REFERRING VET**

Jenna Buley, DVM

**INVOICE**

35905

**DATE**

2/20/26

**PRESENTING CLINICAL SIGNS**

3/6 murmur noted on exam - proBNP performed (678 -- ref range: 0-100). Asymptomatic at home.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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>	12.4 lbs	230	0.6	1.6	0.56	--	--
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>	1.3	--	--		--	--	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

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Minor mitral insufficiency was noted. Essentially normal to slightly thickened left ventricular hypertrophy was noted. Mild septal and free wall thickening was noted with mild myocardial remodeling. Normal internal volumes and contractility was noted. Minor turbulence to the **left ventricular outflow** tract was noted. 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. Tachycardia was present.

**ULTRASONOGRAPHIC FINDINGS**

- Trivial mitral insufficiency
- Tachycardic heart
- Essentially normal to slightly thickened left ventricular hypertrophy
- Mild septal and free wall thickening with mild myocardial remodeling
- Minor turbulence to the left ventricular outflow tract



**PATIENT**

Loki Clark

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

12.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Clarity Imaging LLC

**REFERRING VET**

Jenna Buley, DVM

**INVOICE**

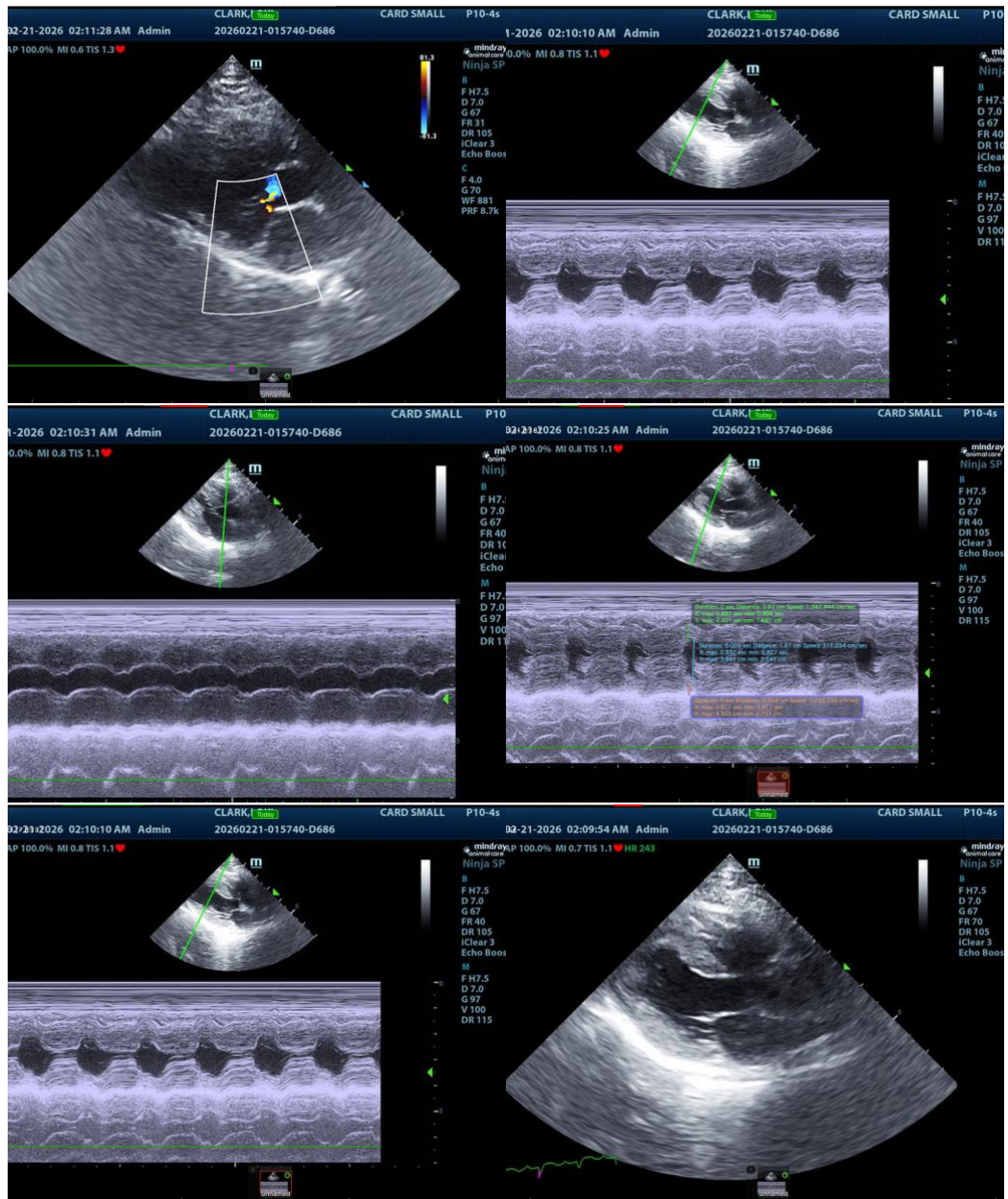
35905

**DATE**

2/20/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This may be a minor form of hypertrophic cardiomyopathy, however, essentially normal cardiac exam. No therapy is recommended at this time. EKG and blood pressures are indicated after torbutrol injection to ensure no white coat effect issues are present. Recheck in one year, earlier if murmur grade increases or clinical signs initiate, however, this does not appear to be significantly pathological from a structural or function standpoint.





## PATIENT

Loki Clark

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

12.4 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

## IMAGING PERFORMED BY

Jill Rumachik

## HOSPITAL NAME

Clarity Imaging LLC

## REFERRING VET

Jenna Buley, DVM

## INVOICE

35905

## DATE

2/20/26

**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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)