

PATIENT

Martin Watkins-Kennedy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

8.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ryan Leal

HOSPITAL NAME

Wellesley Animal
Hospital

REFERRING VET

Dr. Rachel Bunn

INVOICE

14278

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- Pt presents for pre-anesthetic echo prior to undergoing a COHAT for significant dental dz.
- Medications: Methimazole
- Diet: Liver Clear and Friskies Wet

PE: BCS 4/9, mild muscle atrophy diffusely, 3/6 parasternal systolic murmur, significant tartar/gingivitis and missing multiple teeth, thyroid nodule palpable 12/25 labwork CBC: HCT 29%, WBC 20k, platelets 543k Chem: Creat 2.1, BUN 35 UA: USG 1.014 T4: 3.0 HWT: negative

PRE-ANESTHETIC ECHOCARDIOGRAM

8 efficiency video clips from SDEP protocol provided.

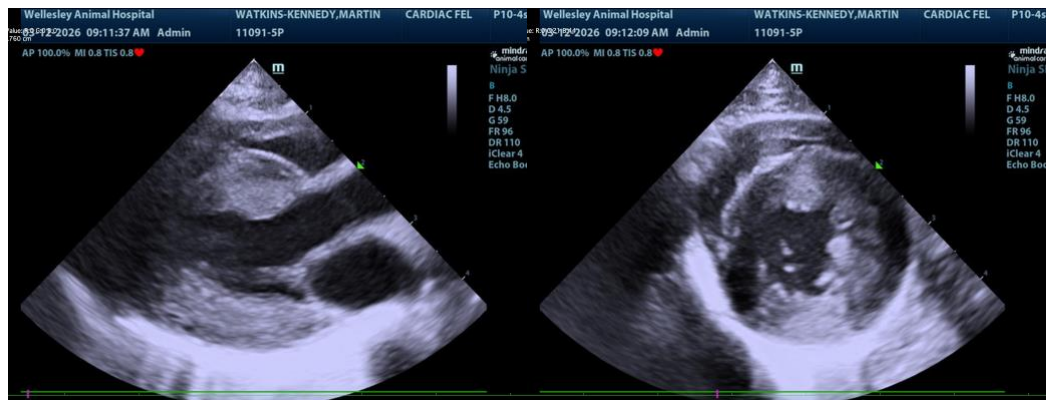
All four chambers revealed normal volumes and contractility. No pericardial or pleural effusion noted. No gross abnormalities that would preclude anesthesia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Category 1: Anesthetic risk is considered normal to mild. No gross abnormalities noted on SDEPR Screening Echo to contraindicate anesthesia. Minimal to no left atrial enlargement noted on images presented.

a. However, judicious fluid administration is advised with careful RR/RE monitoring to screen for fluid overload.

b. Monitoring of blood pressure, SpO₂, CO₂, and auscultation of heart and lungs during anesthesia should be done during every procedure.





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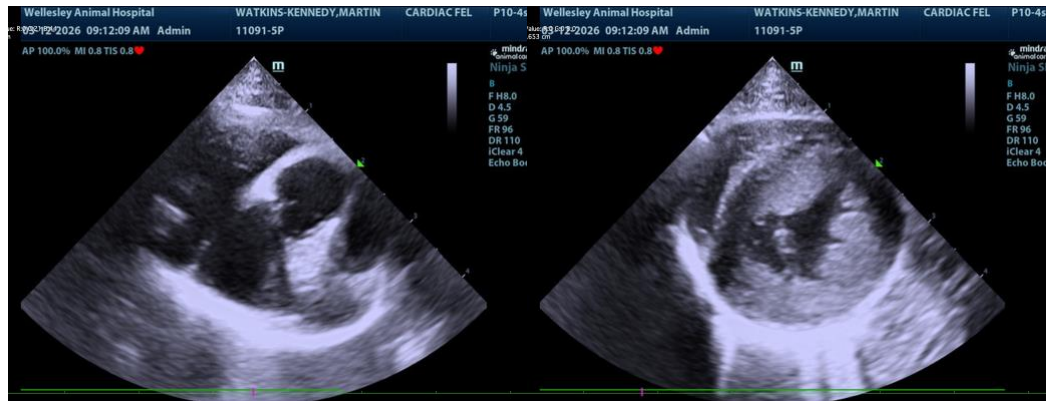
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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