



PATIENT

Treble May

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 ½ years

WEIGHT

11.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Duffield

HOSPITAL NAME

PetVue Veterinary
Sonography, LLC

REFERRING VET

Dr. Duffield

INVOICE

73724

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Hx cardiomegaly since ~6 mo noted on pre-neuter BW; suspect BNP per owner. No meds and has otherwise been WNL.
- Earlier today, acutely developed dyspnea/tachypnea while playing w/ other cats in household. Received Torb + initial furosemide dose soon after presentation. Daytime DVM noted p rapidly progressed to severe respiratory distress with cyanosis. Intubated and underwent CPR (epi, atropine) for suspected asystole. Patient regained consciousness and self-extubated. Received two doses furosemide over course of next 2h with mild RR/RE improvement.
- Mild to moderate pulmonary consolidation noted on rads (mostly peri-hilar but multifocal generalized too). Na >180 only notable BW finding. PE on transfer to overnight care: MM pink, pulses weak, HR ~180 bpm, RR 70-90 rpm with moderate abdominal effort. Rx: O2 supplementation, PRN furosemide.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient revealed sectorial hypertrophy of the left ventricle, primarily the left ventricular free wall and free wall papillary. The mitral valve was thickened and insufficiency was noted. Volume overload was noted in the left atrium. Minor left ventricular free wall hypertrophy was noted with normal right atrial size. 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). Slight pleural and mild pericardial effusion were noted with moderate to severe left atrial enlargement.

FELINE CARDIAC PARAMETERS	BODY WEIGHT (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	11.8 lbs	NM	0.44	1.8	0.75	50	-
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	2.0	1.9	1.9		NM	NM	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

Hypertrophic cardiomyopathy with left sided heart failure.



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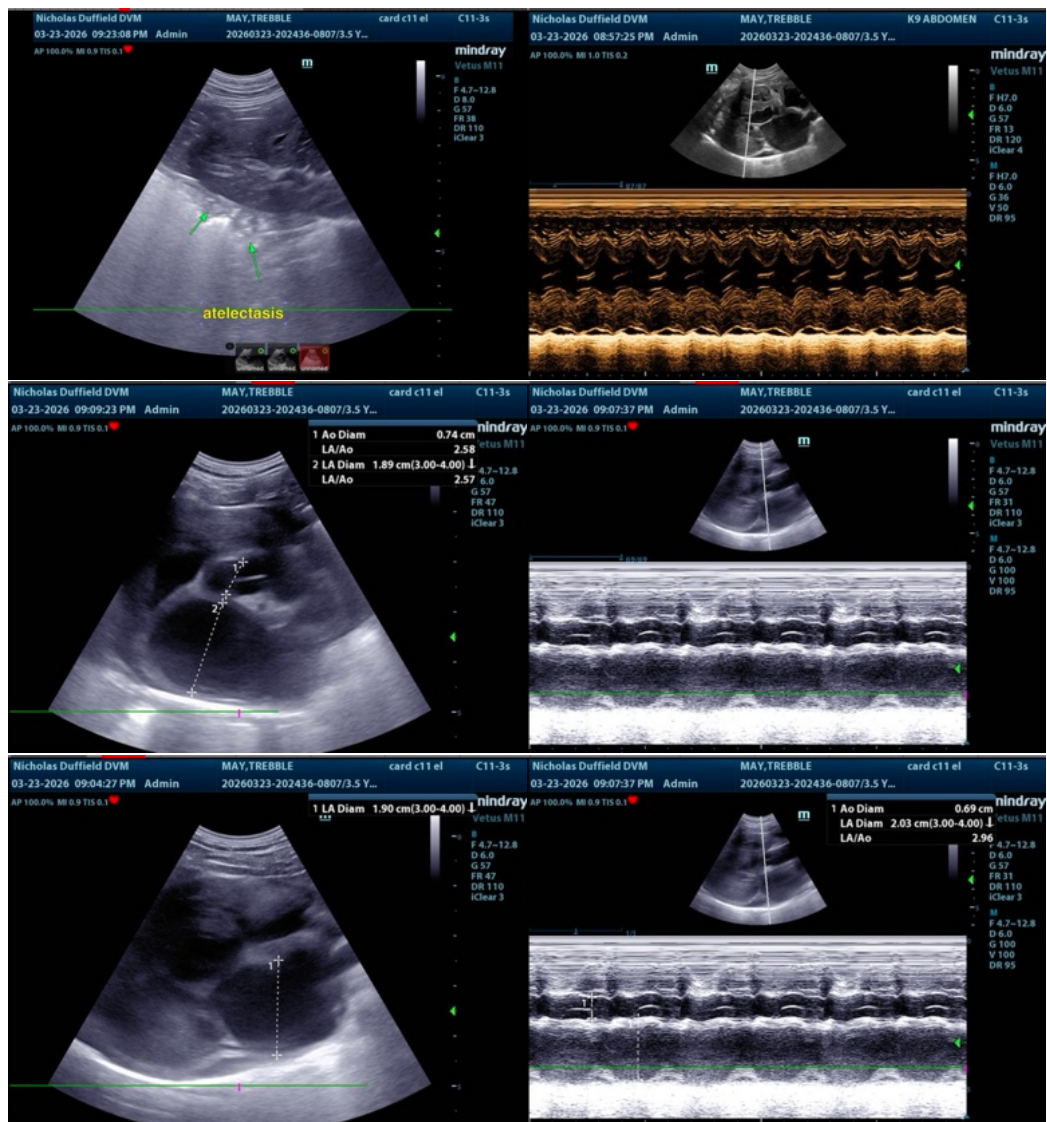
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation with the Furosemide in this patient at 12.5 mg b.i.d. An ace inhibitor can be utilized at 0.5 mg/kg s.i.d. with Plavix therapy at 16.5 mg s.i.d. It is debatable on whether Pimobendan would be utilized in this patient as there is no consensus. I recommend a recheck echocardiogram in a month. This patient is at risk for sudden death.





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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