



## PATIENT

Atticus Rhodes

## SPECIES

Feline

## BREED

DMH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

7.1 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Amy Isaac

## HOSPITAL NAME

Valley West & Elk  
Valley VH

## REFERRING VET

Dr. Amy Isaac

## INVOICE

36427

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

- Has had a heart murmur noted for last several years on physical exam. No symptoms at home per owner. Has chronic diarrhea. Senior work up last year showed elevated pro BNP
- Abnormal PE/Chem/CBC/UA Results: PE is NSF other than grade

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	7.1 lbs	NM	0.5	1.04	0.45	50	90
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	--	--		--	--	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. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. Some sectorial hypertrophy of the papillary muscles was noted with a mild amount of myocardial remodeling, yet wall thicknesses were normal and function was normal. **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** 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.

## ULTRASONOGRAPHIC FINDINGS



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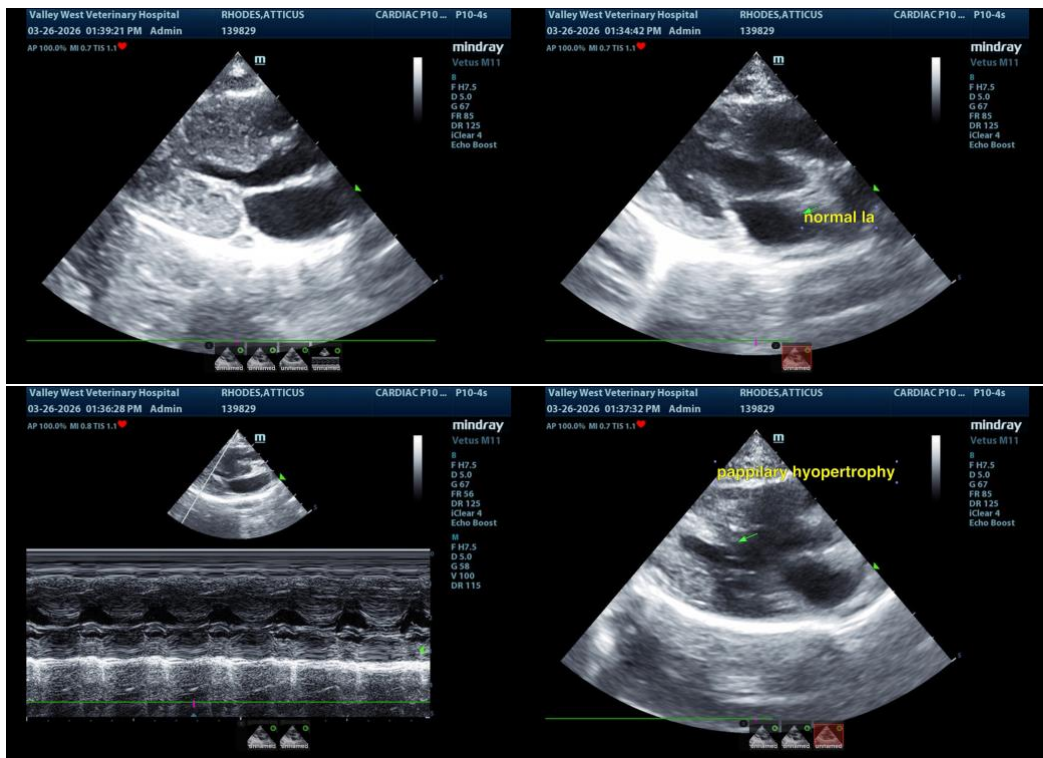
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- Essentially normal echocardiogram with myocardial remodeling and minor papillary hypertrophy, not a clinical issue at this time.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is likely a minor form of hypertrophic cardiomyopathy phenotype. The effectiveness of Felcycin is debatable. I am not personally a utilizer of this medication, however, I do not believe it would be contraindicated. Ideally, color flow and spectral doppler evaluation would be utilized, however, there is no evidence of structurally significant disease at this time. Given the age of the patient, this is a common finding. A prior form of hypertrophic cardiomyopathy with remodeling and residual sectorial hypertrophy is likely the state of this patient, yet there is no evidence of structural or functional disease at this time. Hyperthyroidism and hypertension should be ruled out and monitored yet no specific therapy is recommended currently. Recheck echo in 6 months, earlier if any clinical concern is an issue.





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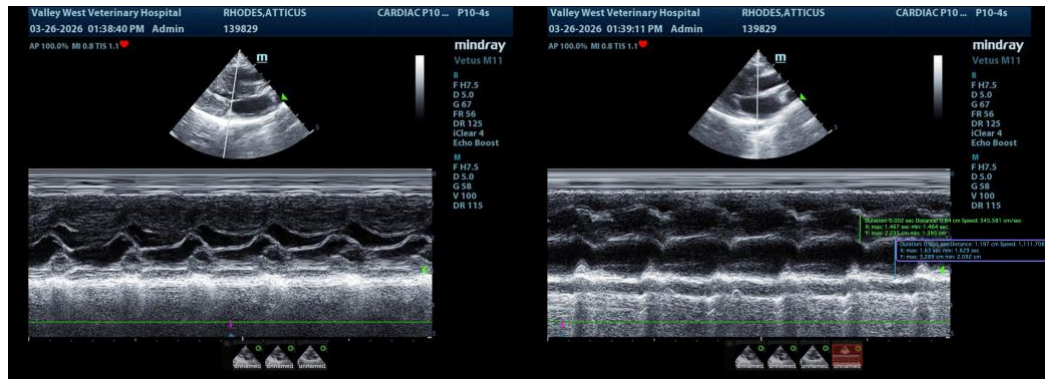
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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