



PATIENT

Deno Griffith

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

18 years

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

78367

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Presents for HWU after O elected to D/C meds last year due to difficulty medicating P. P was previously diagnosed with HCM and was previously on atenolol and benazepril. O is not having any concerns for P at this time. NO C/V/D. O does note an intermittent sneeze. E/D/U/D all WNL.
- CXR to IDX = pending
- BAR. No obvious discomfort on ABD palp but subjectively thickened SI. 4-5/6HM --> Hx HCM per prev cardiologist records (O discontinued prev heart meds due to difficulty of administration (prev meds = atenolol & benazepril). Lungs clear bilaterally. BCS 6/9 - with further intentional weight loss. Grade 3 dental disease with gum recession -- would benefit from COHAT though not O's main concern. LN = NSF. CBC: HCT = 35% (this is down ~10% from January 2026) --> in-house PCV = 42% (stable) Neut = 1.5 LOW (has been historically low) CHEM: NSF Liver and Kidneys = WNL Lytes: NSF BP = 134mmHg ECG = NSF. 1/30/26 proBNP = 1262 VERY HIGH -- this was a significant increase from 1 year prior when the proBNP was 516. T4 = 3.3 normal --> P is currently on transdermal methimazole 2.5mg BID

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. **Mitral valve** was slightly thickened and insufficiency was noted. **Left ventricular** internal diameter was normal. Mild **myocardial** remodeling was noted. **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.



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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	13 lbs	NM	0.65	1.4	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	1.0	1.1	1.5			0.6	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

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ULTRASONOGRAPHIC FINDINGS

Well compensated left ventricular hypertrophy/hypertrophic cardiomyopathy phenotype or possible thyrotoxic cardiomyopathy as HCM phenotype and thyrotoxic cardiomyopathy and hypertensive cardiomyopathy can present similarly. I believe the cardiac presentation is compensated at this time.

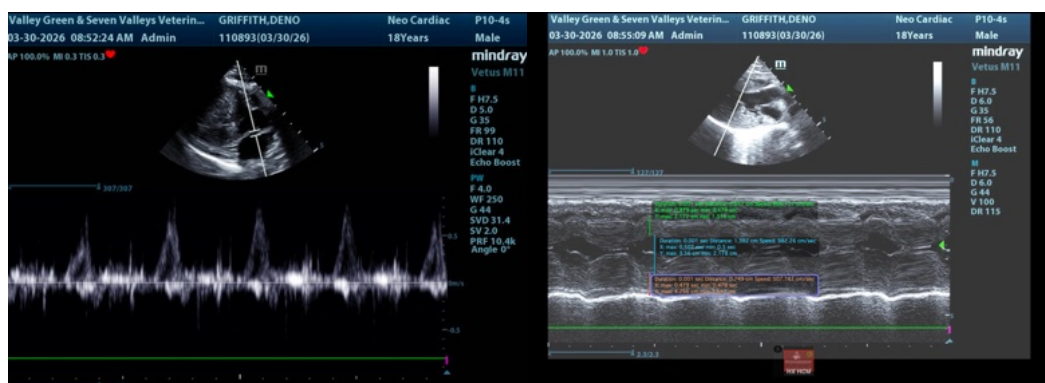
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no volume overload or significant pressure overload noted at this time. No specific therapy is recommended at this time. I recommend ensuring hyperthyroidism and hypertension is not an issue.



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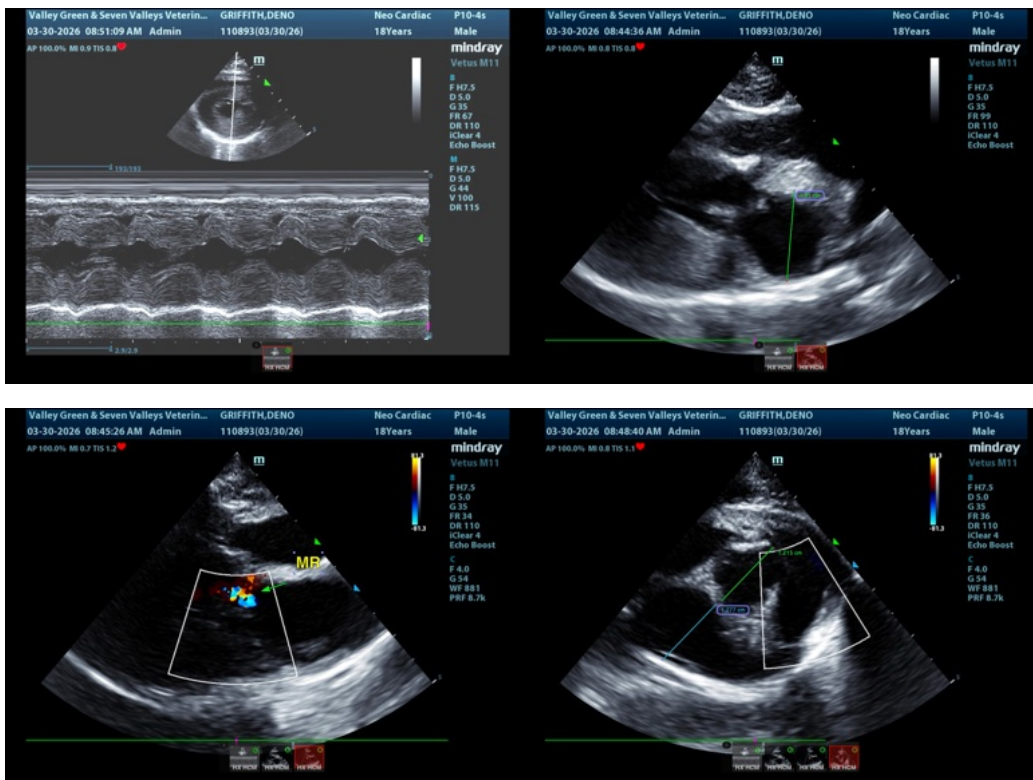
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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