



PATIENT

Rob Earp

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

7.72 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Earp

INVOICE

72272

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- An older cat, estimated to be at least 14 to 15 years of age. His history includes a toxoplasmosis diagnosis in September 2023, with mild, ongoing neurologic deficits. He was also diagnosed with hyperthyroidism at that time, which is well-controlled with methimazole 2.5 mg BID. His most recent lab work (October 2025) was largely unremarkable. He lives with an FIV-positive cat but tested negative for FIV and feline leukemia in October.
- Over the past two months, he has had multiple viral upper respiratory infections, presenting as sneezing and a moderately decreased appetite. The primary concern today is the new development of several dry, non-productive coughing episodes over the last one to two weeks, lasting 30 to 60 seconds. Chest x-rays from last week showed fairly normal lung fields for his age. An echocardiogram is being performed today to rule out underlying cardiac disease as a cause for the cough.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial **mitral** valve insufficiency was noted. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. Some **myocardial** remodeling was noted in this patient. **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.

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	7.72 lbs	200	0.54	1.5	0.47	50	74
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	1.3	1.4	1.2		-	1.0	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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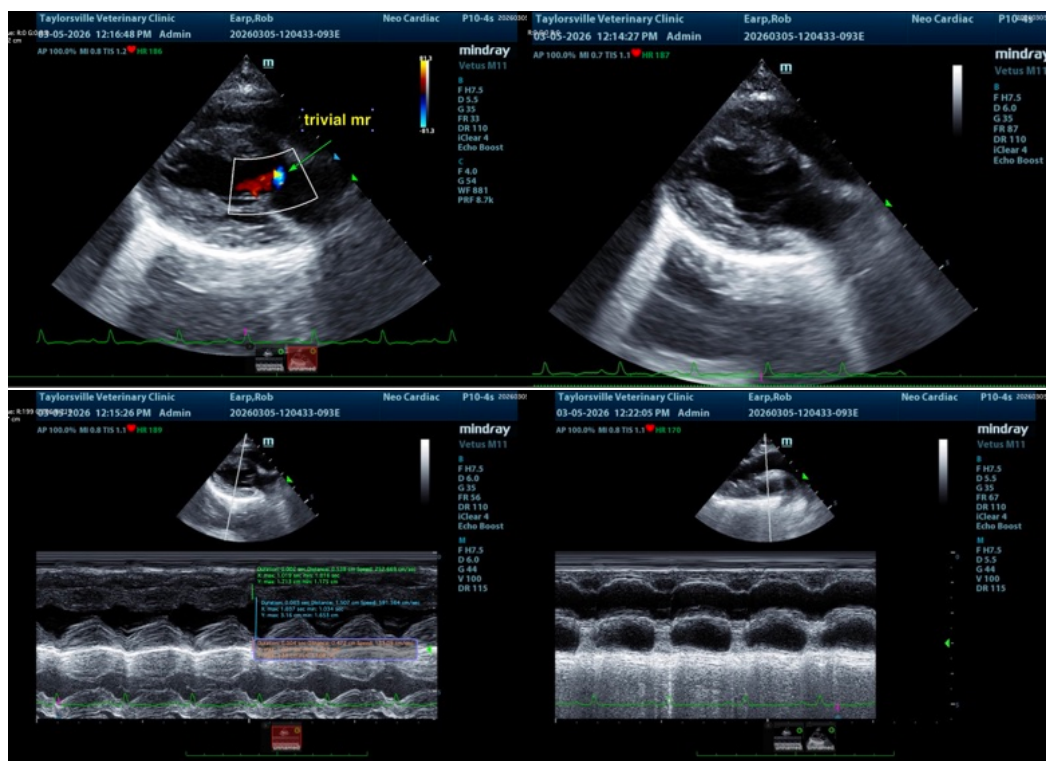
ULTRASONOGRAPHIC FINDINGS

Trivial mitral insufficiency.

Mild myocardial remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of volume overload or cardiac dysfunction. No therapy is recommended at this time.



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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