



PATIENT

Leni Ameel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

12.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Earp

INVOICE

74434

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Presented to ER on 3/26/26 for for an acute asthma attack with increased respiratory effort. History of asthma with the first attack occurring on June 24 of the previous year. This is the third episode since the initial diagnosis. Between episodes, the patient is reportedly normal with no increase in coughing frequency. At ER patient was prescribed albuterol, fluticasone, and doxycycline.

Patient is on Fluticasone 115 ug/salmeterol 21ug/ inhaler, prednisolone 5mg 1/2 tab BID, and terbutaline 2.5mg 1/4 tab BID. Recommended an echocardiogram to definitively rule out underlying cardiac disease, specifically hypertrophic cardiomyopathy (HCM), as a potential cause for his clinical signs

Abnormal PE/Chem/CBC/UA Results: PE from ER visit: THORAX: Thoracic limbs are superimposed over the cranial ventral thorax limiting full evaluation. Moderate diffuse bronchial pattern with peribronchial cuffing. Cardiac silhouette, pulmonary vasculature, mediastinal structures, diaphragm and pleural space are normal. Increased body habitus. ABDOMEN: Gastrointestinal tract: o Stomach contains a minimal volume of gas. The stomach is in normal anatomic position. o Small intestine is normal in size and location and contains mild volume fluid and gas. o Colon contains gas and granular fecal material. Liver, spleen, kidneys, urinary bladder and serosal detail are normal. Normal included musculoskeletal structures. Assessment: Moderate diffuse bronchial pattern likely represents chronic lower airway disease (i.e.feline asthma)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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.. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **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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E Wave Velocity 0.7

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	12.4 lbs	180	0.52	1.2	0.52	45	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	1.3	0.9	1.3		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							

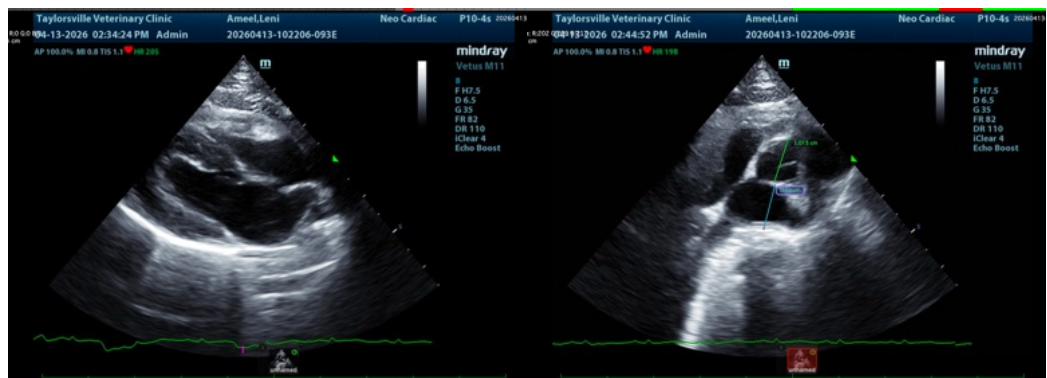
ULTRASONOGRAPHIC FINDINGS

Normal cardiac structure and function.

Idiopathic flow murmur.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific therapy is recommended at this time.





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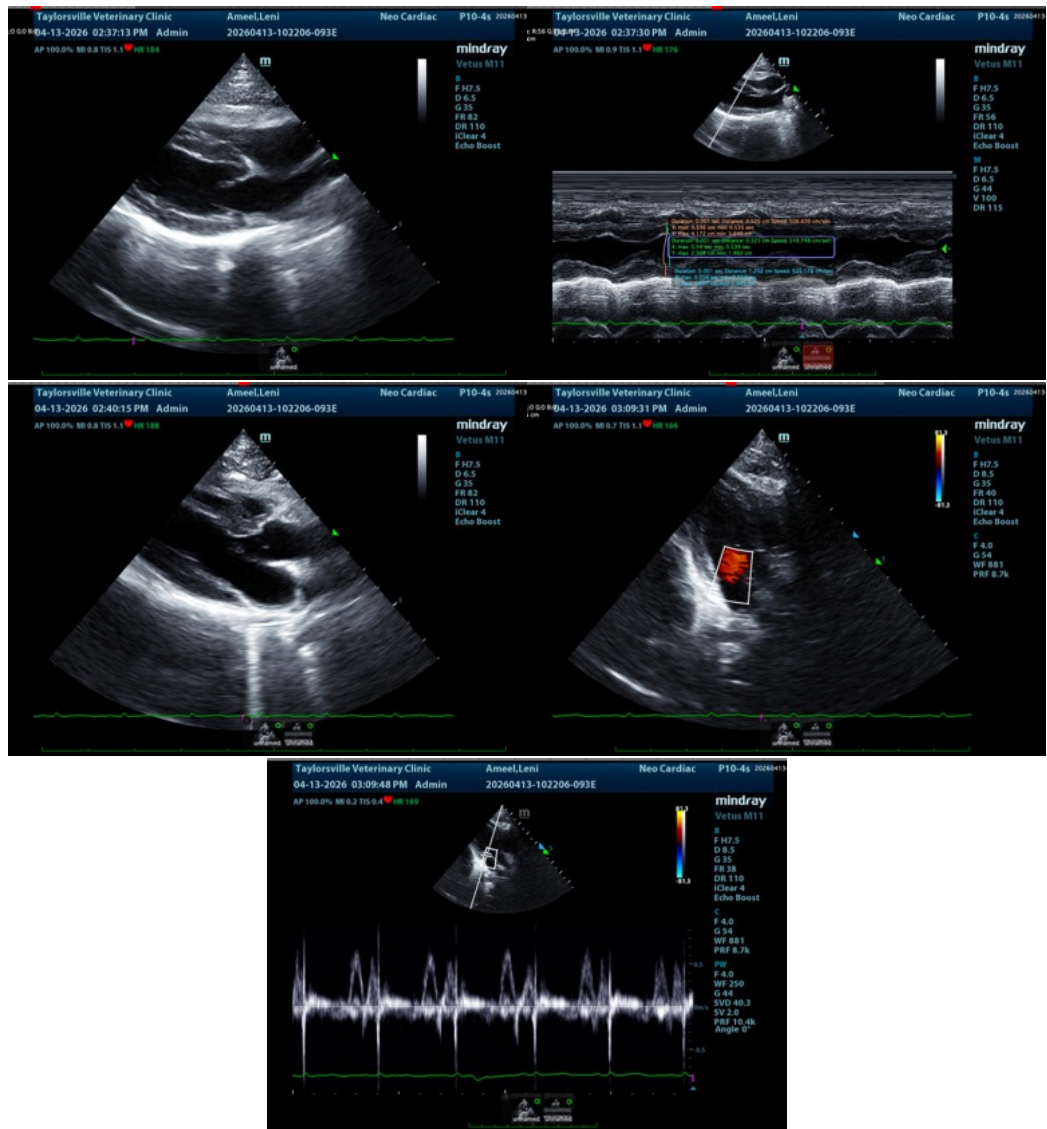
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com