



PATIENT

Princess Livingston
Tello

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

16 Years 5 Months

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Graham Sager-
Gellerman, DVM

HOSPITAL NAME

Back Bay Veterinary
Clinic

REFERRING VET

Katherine Wheeler,
DVM

INVOICE

74547

DATE

4/17/26

PRESENTING CLINICAL SIGNS

To evaluate the following condition: chronic V, renal elevations, RBCs on UA, Murmur, no prev echo. Assess P risk level for steroids. 16yo SF DSH. Changed ownership earlier this year. Hx of chronic pruritus and V. Recent increase in severity in both. O reports V 1-3x/d - often just clear liquid, sometime food. Good appetite and energy. P started on HP diet last week and treated with Convenia for excoriations and Mometamax for OE AU. Labs showed mild stable azotemia and hematuria with proteinuria (see below). Chronic murmur - Grade 4/6 systolic parasternal, no prev work-up. PMH: Hyperthyroidism - 1131 Dec 2025

Current Medications (Name, Dose, Frequency): Convenia 4/9, Mometamax AU SID started 4/9, Solensia, RC HP started 4/11

Abnormal PE/Chem/CBC/UA Results: 4/9/26: CBC WNLChem: SDMA 12, Creat 1.9, BUN 25, Cystatin B 244UA: USG 1.031, 2+ protein, 3+ RBCsUPC 0.5T4 1.8

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	14	NM	0.75	1.4	0.70	50	80
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	1.4	1.4	1.46		2.0	1.5	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							

E-wave velocity = 1.2

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. Periodic systolic anterior motion noted, causing dynamic obstruction. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted.



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Tricuspid valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 3.78 cm. The left kidney was subnormal in size at 2.7 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 0.24 cm. Right measured 0.42 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed a microcystic nodular change in the medial liver measuring 2.15 cm, consistent with cystadenoma. The left liver lobe revealed a large anechoic cyst measuring 6.4 cm. The liver cyst extended approximately 4.0 cm x 1.0 cm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.



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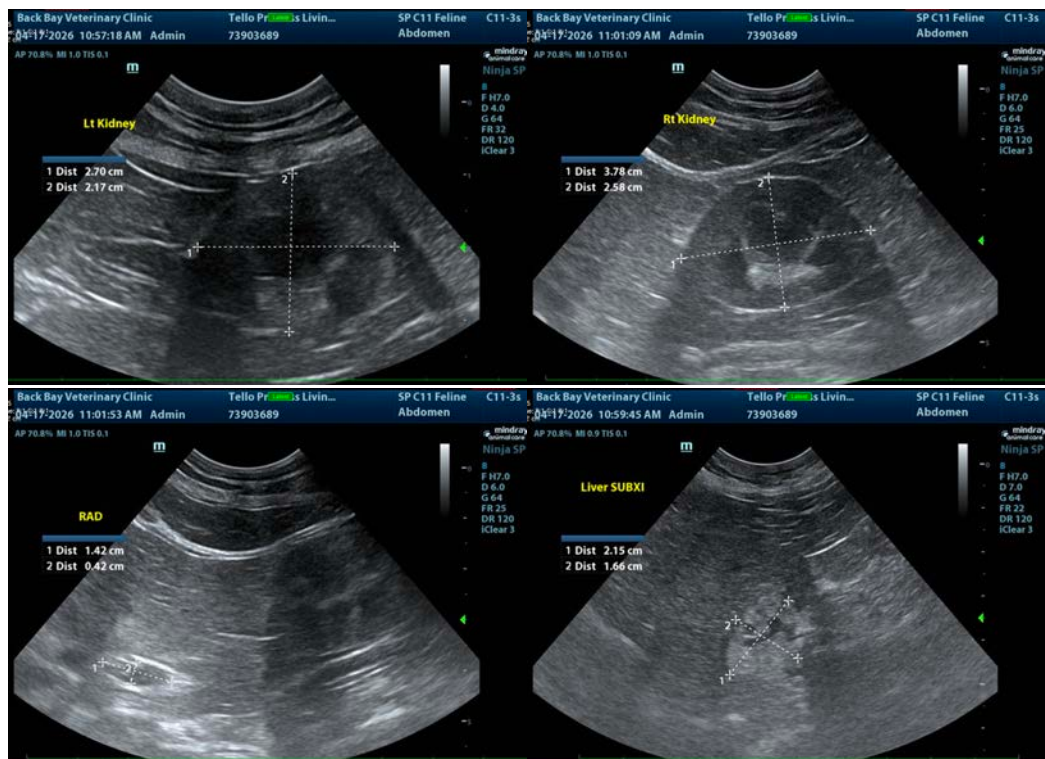
ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy phenotype. Other factors such as systemic hypertension and volume contraction may be playing a role, as well as potential hyperthyroidism.
- Degenerative renal changes - moderate on the left, mild on the right.
- Large liver cyst – possible cystadenoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient does not have any exercise intolerance, no specific cardiac therapy warranted at this time. However, if excessive tachycardia is present i.e., >200, or exercise intolerance is noted, then Atenolol therapy could be considered. If systolic blood pressure is >150, anti-hypertensives would be indicated. Otherwise, no treatment at this time. Recheck echo in 6 months.

The liver cyst appears resectable and is at risk for torsion or rupture. Therefore, I do recommend surgical removal with left liver lobectomy. It is debatable on whether the adjacent cystadenomatous type nodule would be able to be removed at the same time. However, it is not causing an overt issue.





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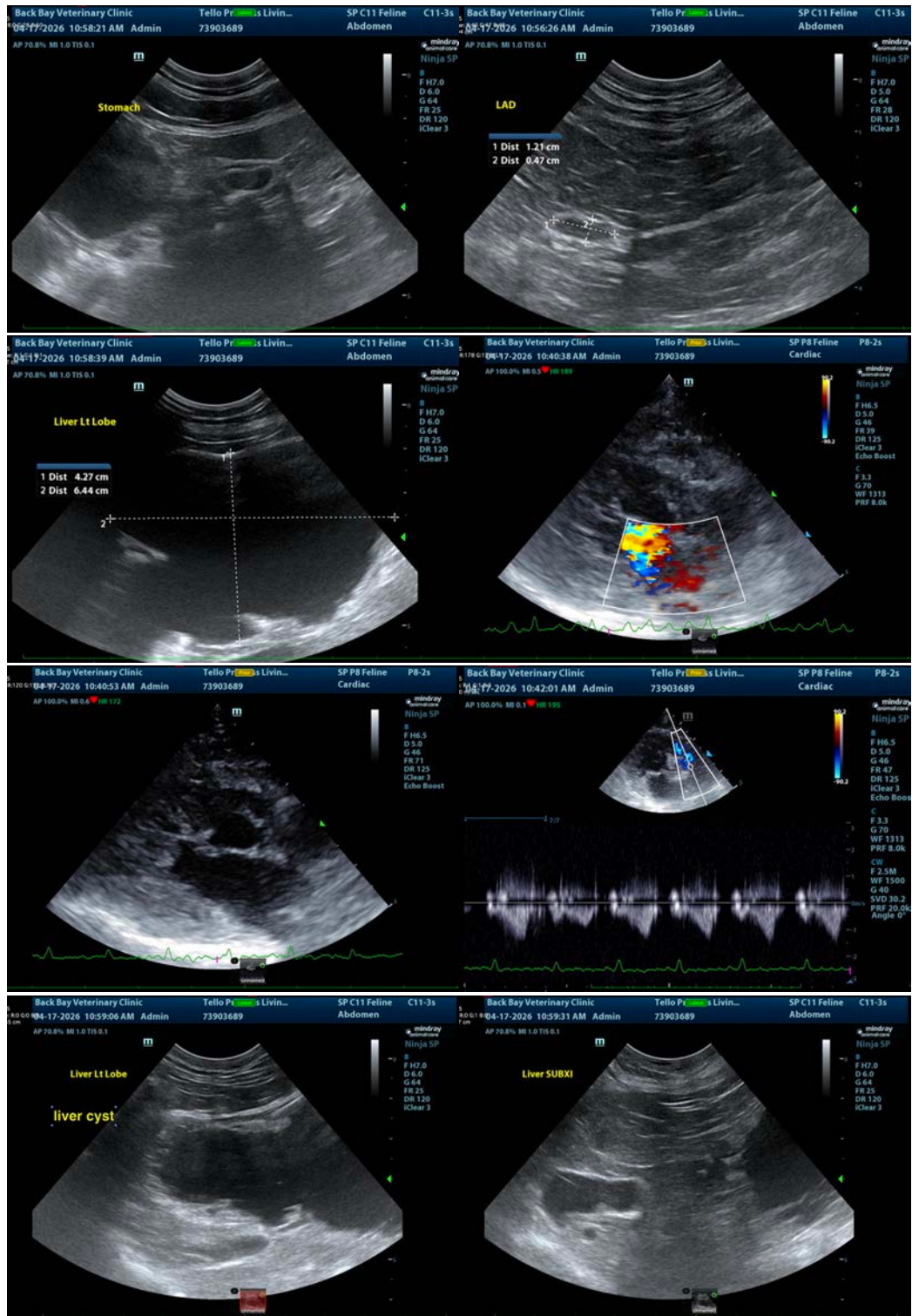
Katherine Wheeler,
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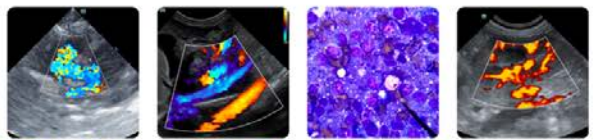
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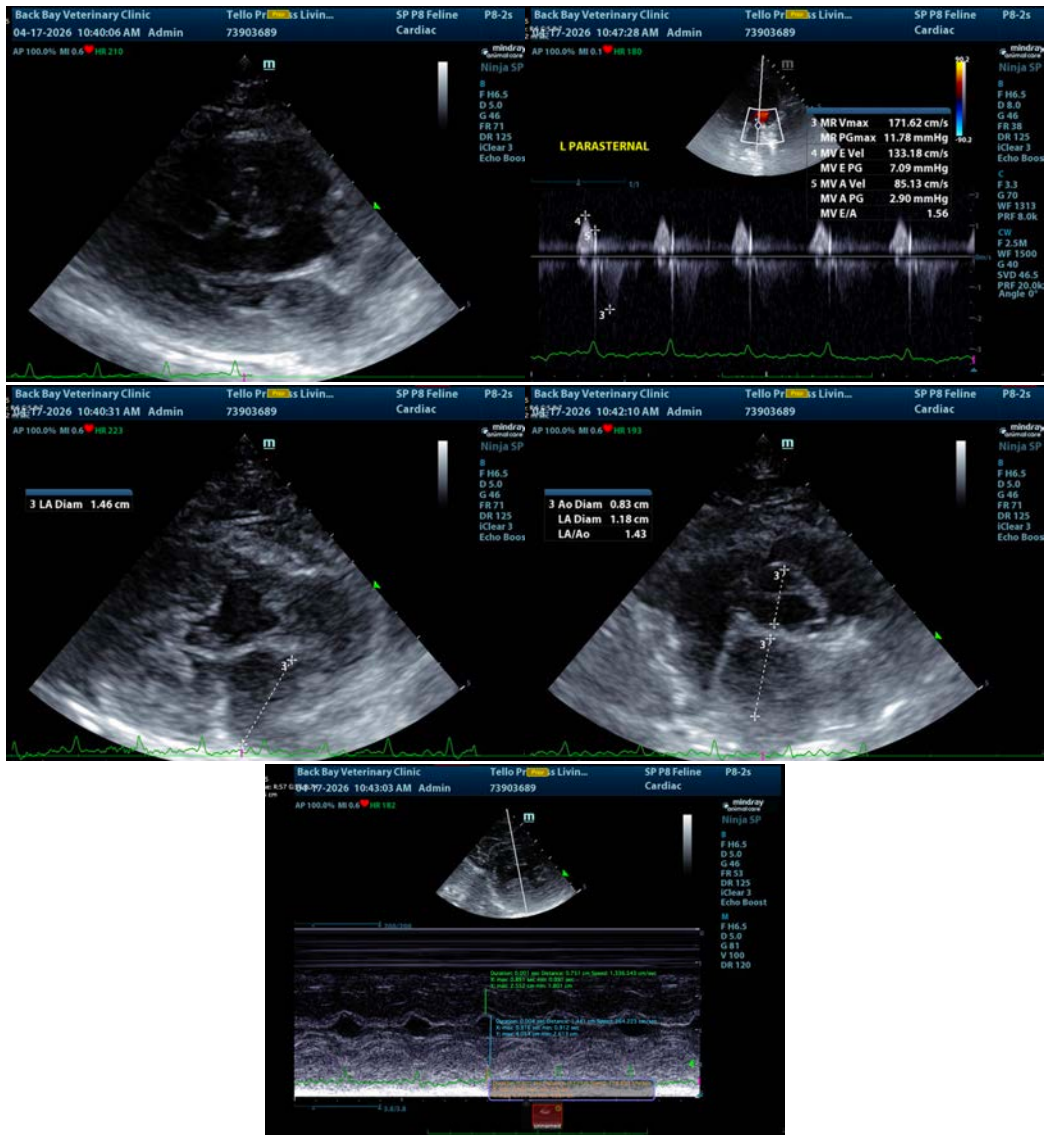
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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