



PATIENT

Shadow Davies-Meyers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

22.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Dubos

INVOICE

14781

DATE

04/02/26

PRESENTING CLINICAL SIGNS

3/6 HM found on exam Owner reports back legs sometimes give out, hesitant to jump on couch. Cat is overweight.

Abnormal PE/Chem/CBC/UA Results: Probnp abnormal

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	22.7	200	0.73	1.5	0.98	--	--
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	1.1	1.3	--		--	--	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: 0.8

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Mitral valve insufficiency was noted at 5.0 m/s. Moderate left ventricle hypertrophy was noted in this patient. 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.

ULTRASONOGRAPHIC FINDINGS

- The patient appeared subjectively volume contracted with left ventricular thickening, may be pseudohypertrophy or temporary myocardial thickening.



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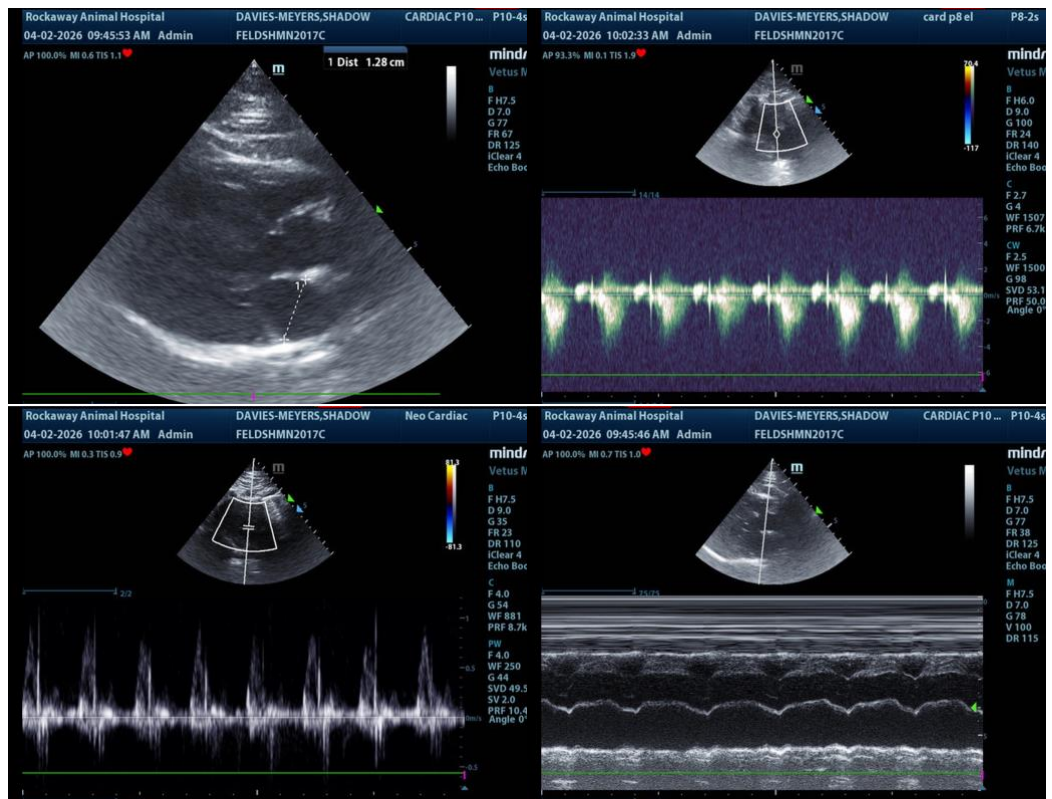
DATE

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- Mitral valve insufficiency.
- Likely mild form of cardiomyopathy, however, temporary myocardial thickening may be an issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, iliac trifurcation imaging is recommended as well as assessment of pulse quality. If resting heart rate is greater than 210, Atenolol trial could be considered, yet the cardiac presentation appears to be compensated at this time. Blood pressure and thyroid assessment is recommended if not already performed to ensure these are not complicating factors.





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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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