



## PATIENT

Lilly Carlson

## SPECIES

Feline

## BREED

Colorpoint Shorthair

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

7.6 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Rebecca Neis

## HOSPITAL NAME

Animal Health Center-  
Arkansas

## REFERRING VET

Dr. Rebecca Neis

## INVOICE

15286

## DATE

04/21/26

## PRESENTING CLINICAL SIGNS

Lethargy, hyporexia, cough for past 2-3 weeks. Pleural effusion noted on radiographs. Drained 200 cc of straw-colored fluid (modified transudate) yesterday from the thorax; in-house cytology was performed; the fluid was low cellularity and mostly macrophages and small lymphocytes along with occasional neutrophils. No etiologic agents were seen.

Abnormal PE/Chem/CBC/UA Results: Stress/inflammatory leukogram; otherwise normal CBC/chem/T4/urinalysis

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	7.6	180	0.6	1.07	0.56	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	0.9	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							

## Cardiac Presentation

The echocardiogram in this patient presented with normal internal volumes and pseudohypertrophy of the left ventricle. Slight pericardial effusion was present which was noncardiogenic in origin. Mildly echogenic noncardiogenic pleural effusion was also present.

## ULTRASONOGRAPHIC FINDINGS

- Noncardiogenic pleural effusion and slight pericardial effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytopsin is recommended to assess for exfoliating neoplasia. Abdominal sonogram is recommended to assess for primary disease. If the pleurocentesis sample did not have an immediate cytopsin after obtaining the sample, I recommend resampling with immediate cytopsin to concentrate the diagnostic cells to assess for underlying lymphoma. Small cell lymphoma is a strong potential. Prognosis is very guarded. There's no evidence of primary cardiac disease. Chest CT may be optimal if no evidence of primary disease is present in the abdomen.



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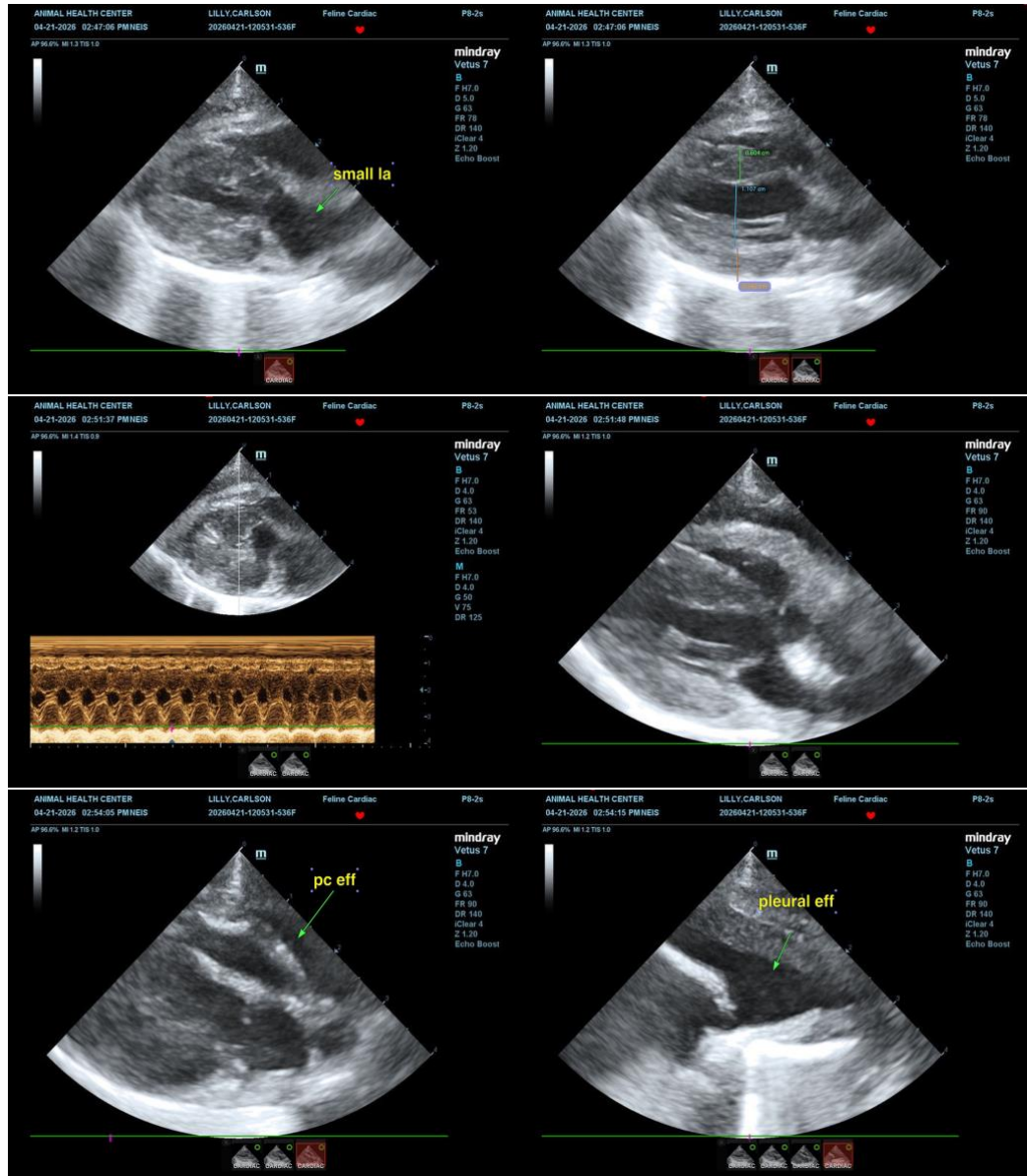
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com



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[info@SonoPath.com](mailto:info@SonoPath.com)

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