



## PATIENT

Patrick Sager

## SPECIES

Feline

## BREED

American Short Hair

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

17.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Megan Bray

## HOSPITAL NAME

Taylorsville Veterinary  
Clinic

## REFERRING VET

Dr. Elizabeth Stiefvater

## INVOICE

15594

## DATE

04/30/26

## PRESENTING CLINICAL SIGNS

Presented today for began vocalizing loudly with guttural meows, hiding under the bed, licking his lips, and panting with his mouth open. Previously, he was acting, eating, and drinking normally. He has a history of chronic vomiting, primarily of dry food, as a known fast eater. He vomited his dry food dinner the night before the appointment. Patrick is an indoor/outdoor cat who uses a litter box inside, and his urination habits this morning are unknown. The owner is experiencing significant environmental stress, including a recent power outage and a family loss with an upcoming funeral. There has also been recent house disruption while trimming his nails, during which he vocalized when a right claw was being handled. History of chronic vomiting, suspect due to eating too rapidly.

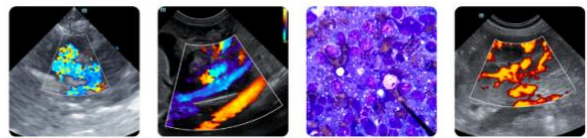
Abnormal PE/Chem/CBC/UA Results: arrhythmia heard, no obvious murmur noted. overweight about 3-4 pounds. Heart appears slightly elongated, and possible edema or lung mass at apex on left lateral view. See attached radiographs.

## 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	17.6	NM	0.47	1.1	0.5	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	1.1	1.2	1.2		--	0.70	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 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 nonspecific myocardial thickening and mild myocardial remodeling. The thickening was sectorial as portions of the left ventricular wall measured normal, and others sectorially abnormal. **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



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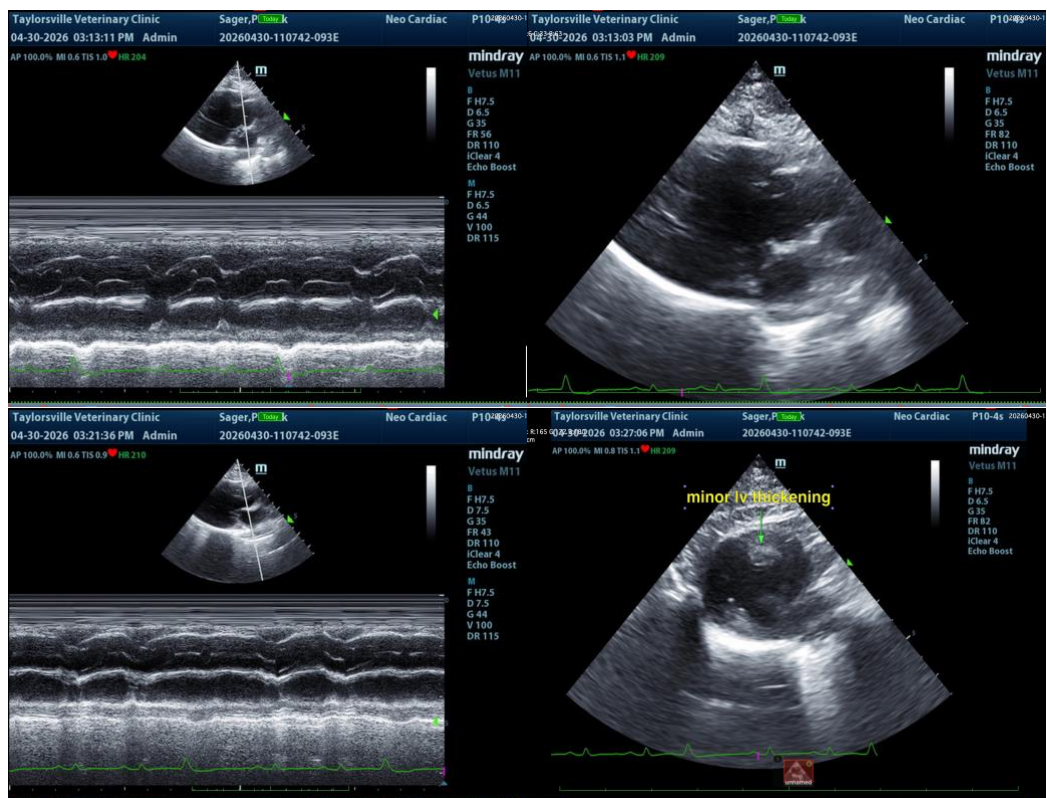
visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Significant arrhythmogenic activity was noted in this patient.

## ULTRASONOGRAPHIC FINDINGS

- Nonspecific left ventricular hypertrophy- no evidence of volume overload.
- Persistent arrhythmogenic activity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying myocarditis should be considered as a potential. Infectious disease panel is warranted based on what is endemic in your region. Broad spectrum antibiotic trial could be considered, such as enrofloxacin or clindamycin. No specific cardiac medications are recommended other than antiarrhythmics based on EKG results. Blood pressure measurements also indicated.





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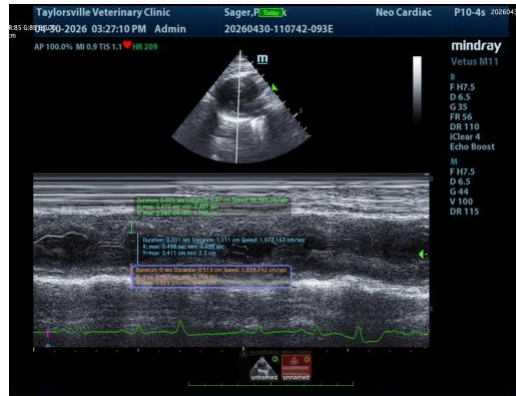
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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