



## PATIENT

Horus McAdams

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

3 years

## WEIGHT

5.7 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jocelyn Hollway

## HOSPITAL NAME

Valley Green VH

## REFERRING VET

Dr. Hollway

## INVOICE

74183

## DATE

4/6/26

## PRESENTING CLINICAL SIGNS

- NEW - increased proBNP on recent labwork with no notable clinical signs on PE or at home. STAFF PET. E/D/U/D all WNL. NO C/S/V/D.
- BP - avg 162.5 mmHg (This is while P was sedated. Unable to get awake BP due to P behavior)
- ECG - NSF
- 3/31/26: CBC: NSF, CHEMISTRY: BG = 228 HIGH --> r/o secondary to stress (P very stressed and required sedation for PE). TP = 6.1 mildly low, CK = 1,355 HIGH, Lytes: NSF
- T4 = 1.8 normal
- Feline Triple SNAP = (-)x3. proBNP = 1500 --> HIGH. No audible HM was heard at time of PE even with sedation on board. Rec HWU to be safe. Potential for compensated heart disease
- Urinalysis sample collected via: cystocentesis. 1.051, 7.0 pH, 2+ protein, quiet sediment
- Reflex UPC Ratio = 0.1 NSF
- BAR prior to sedation. Unable to complete PE without sedation due to behavior. Abdomen palpates normally; no pain, tenderness or masses on palpation. NEW increased proBNP on gold panel -- NO HM detected; Regular rhythm. Lungs auscultate clear bilaterally; trachea clear. Normal ambulation; BCS 5/9. Scabby wound on dorsal neck just cranial to shoulder significantly improved and nearly resolved. Enucleated OS. Entropion repair of partially missing OD upper lid. Grade 1 ddz

## 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 segmental hypertrophy of the left ventricular septum. There was no significant obstruction noted at the time of the sonogram during a sedated event. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** was adequate for a sedated patient. 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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FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	5.7 lbs	NM	0.53	1.4	0.47	35	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)
<b>NORMAL PARAMETER</b>	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	1.4	1.4	1.4		-	0.5	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

**WEIGHT**  
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### ULTRASONOGRAPHIC FINDINGS

Minor form of hypertrophic cardiomyopathy phenotype is likely, yet not clinically an issue at this time.

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sedation may be playing a role in measurements and certainly playing a role in wall thickness and contractility. However, no evidence of gross clinical disease was noted at this time. Recheck echocardiogram is recommended in 6 months.

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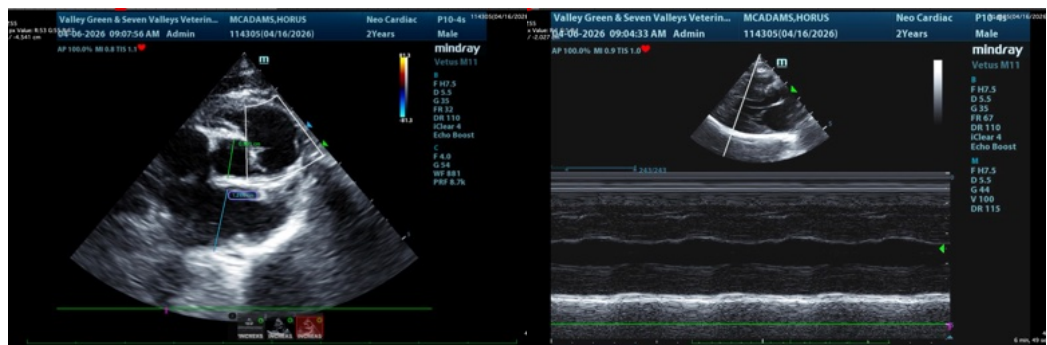
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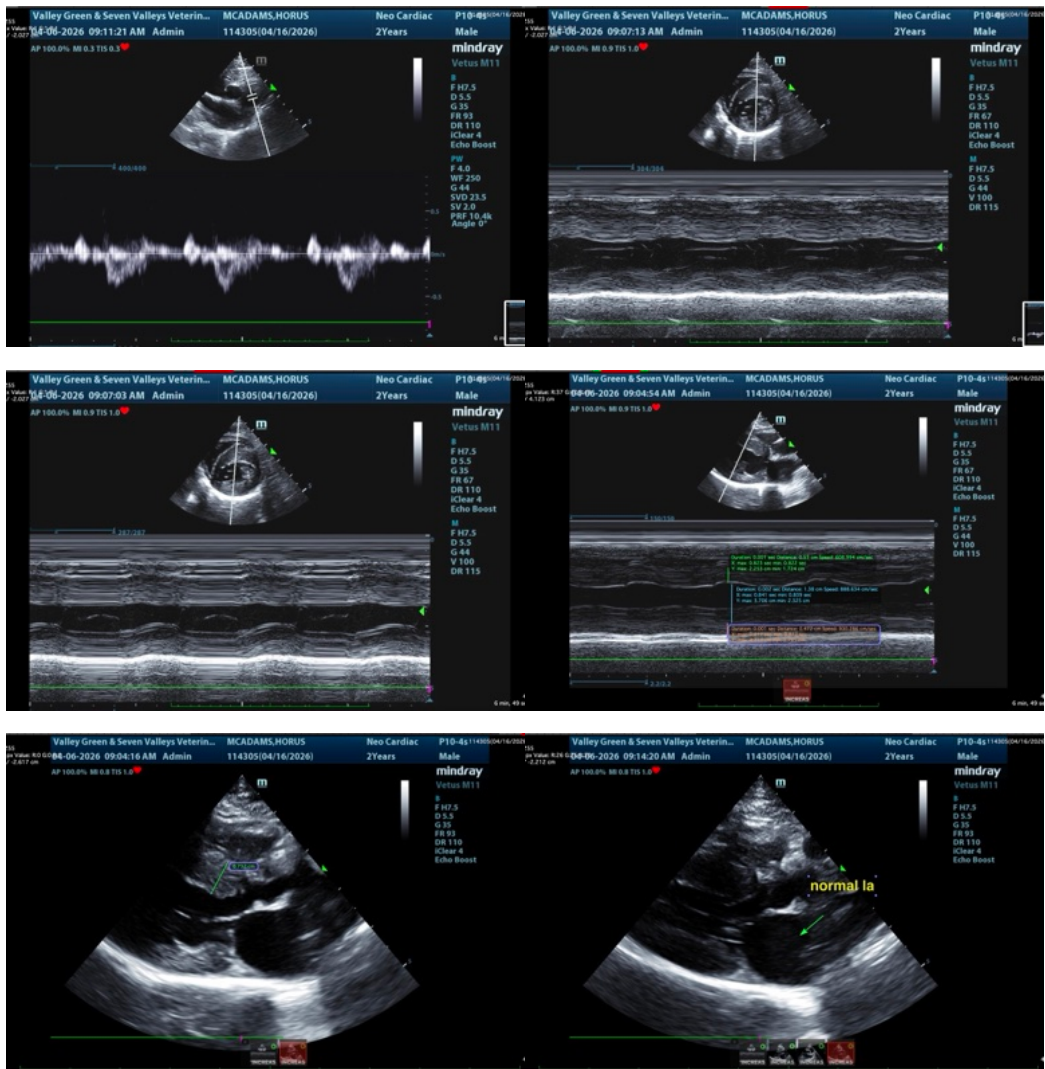
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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