



**PATIENT**

Negrita Imbert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years 3 Months

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Ridge Road Animal  
Hospital

**REFERRING VET**

Dr. Rathore

**INVOICE**

74270

**DATE**

4/7/26

**PRESENTING CLINICAL SIGNS**

Elevated chronic respiratory signs, grade 3 murmur, constipation. Hx of hyperglobulinemia, anemia, chronic oral disease(gingivitis, stomatitis), respiratory signs, constipation, persistent oral inflammation

Current medications - cyclosporine, lactulose, probiotics, antibiotic, steroids

Abnormal PE/Chem/CBC/UA Results: Hyperglobulinemia, anemia

**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	8.8	240	0.59	1.04	0.56	37	72
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	1.3	1.4	1.2		1.1	0.93	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 normal thicknesses with linear contour and was not dilated nor restricted. 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). The patient was somewhat tachycardic. 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.



**PATIENT**

Negrita Imbert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years 3 Months

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Ridge Road Animal  
Hospital

**REFERRING VET**

Dr. Rathore

**INVOICE**

74270

**DATE**

4/7/26

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 3.62 cm. Right kidney measured 3.62 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. Right measured 0.42 cm. Left measured 0.47 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**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.



**PATIENT**

Negrta Imbert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years 3 Months

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Ridge Road Animal  
Hospital

**REFERRING VET**

Dr. Rathore

**INVOICE**

74270

**DATE**

4/7/26

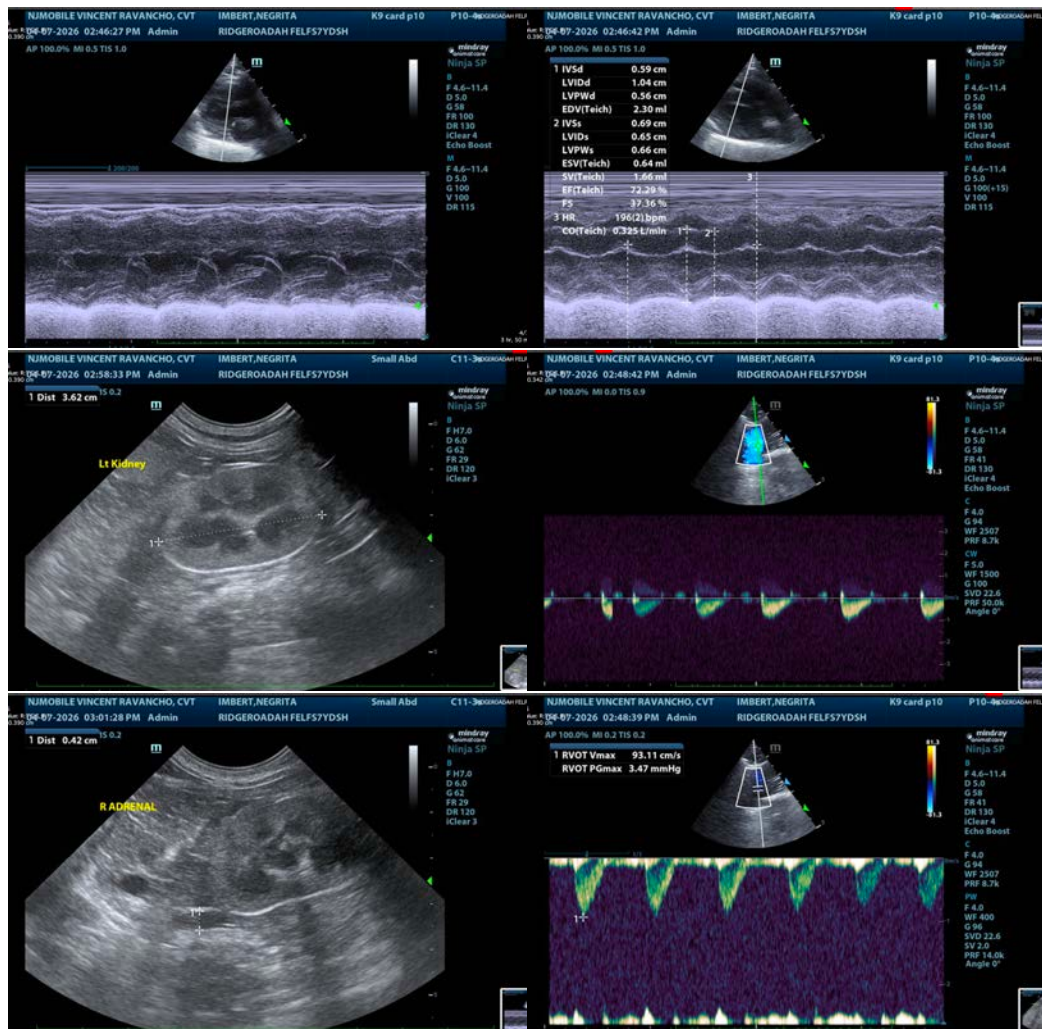
**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram, likely flow murmur exacerbated by the anemia.
- Age related hepatic changes, unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unremarkable abdomen and heart. The cause of anemia is unclear. No evidence of visceral disease related to the clinical signs. Protein electrophoresis, CBC path review and bone marrow aspirates may all be appropriate in this patient.

Flow murmurs can be caused by volume shifts, anemia, excitable/tachycardic state, DRVOTO (Dynamic Right Ventricular Outflow Obstruction), or even simple stethoscope pressure upon clinical exam. These flow murmurs are typically benign and may develop often later in life theoretically owing to age related clinically insignificant changes of the heart. If the patient is recently clinical for anorexia, weight loss or metabolic disturbances, an abdominal sonogram and full workup may be appropriate to assess underlying clinical systemic causes of a newly developed flow murmur.





**PATIENT**

Negrita Imbert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years 3 Months

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Ridge Road Animal  
 Hospital

**REFERRING VET**

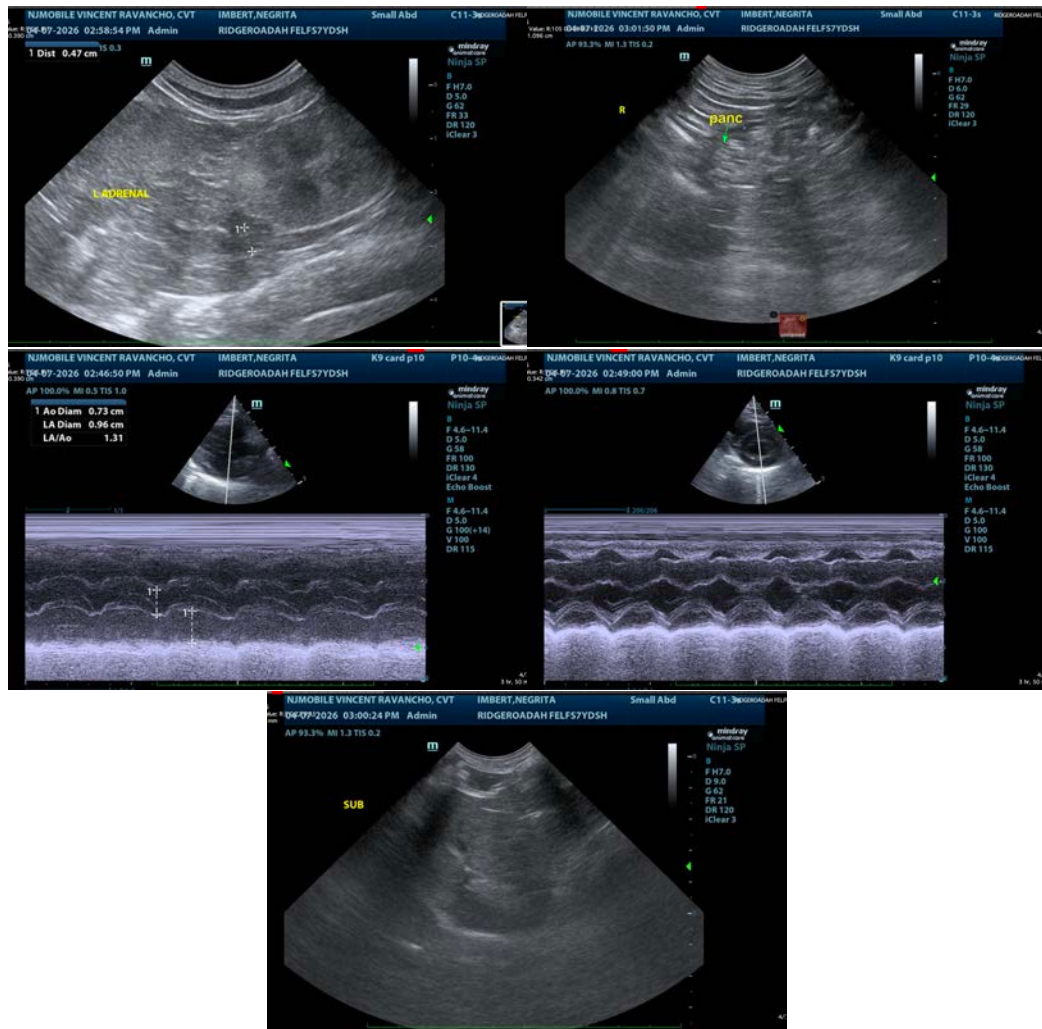
Dr. Rathore

**INVOICE**

74270

**DATE**

4/7/26



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