

## PATIENT

Luna Shaw

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

12 ½ years

## WEIGHT

9.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Michele Pfannenstiel

## HOSPITAL NAME

Mill Brook AC VBF

## REFERRING VET

Dr. Pfannenstiel

## INVOICE

75542

## DATE

5/14/26

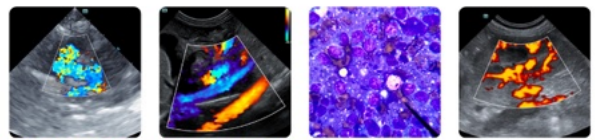
## PRESENTING CLINICAL SIGNS

History: Came in for annual 10 Feb- No murmur ausculted. Did screening labs and came back HyperT4, ELE, and very high ProBNP. Mom was not sure about doing an echo. Started on methimazole for hyperT4 and clopidogrel while we normalized the TT4.  
Abnormal PE/Chem/CBC/UA Results: 4/6 murmur (new since Feb) Cardiopet- Rhythm: Sinus; No pathologic arrhythmias were noted.; The R wave amplitude was markedly increased. ProBNP 627 (came down from 932 post normalization of T4 ) MAP- 140, 130, 110 (prior to Alfax) ALT 516 AST 124 ALP 104

## 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 **myocardial** remodeling and the left ventricle was volume contracted. 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.

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	9.2 lbs	202	0.45	0.95	0.72		
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							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							



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## ULTRASONOGRAPHIC FINDINGS

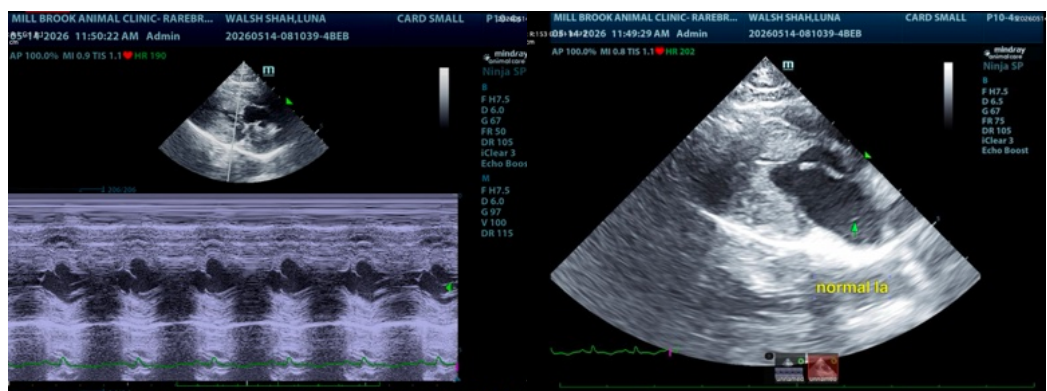
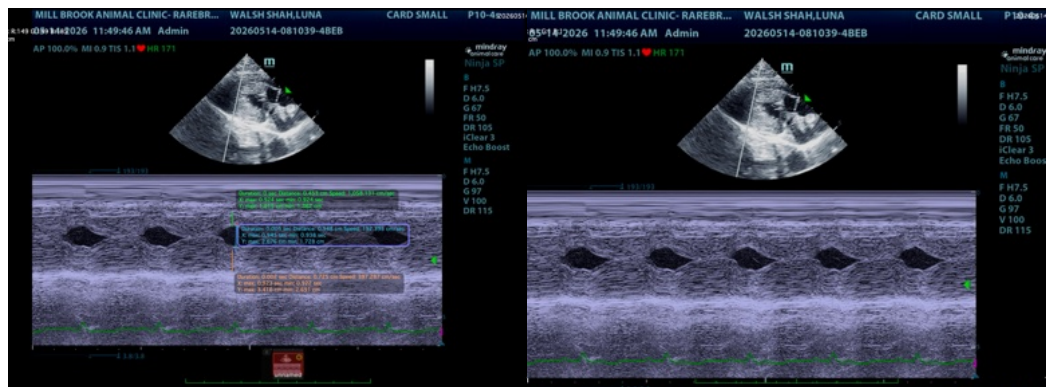
Left ventricular hypertrophy. Hypertrophic cardiomyopathy phenotype, more likely TMT or thyrotoxic cardiomyopathy or secondary changes from volume contraction.

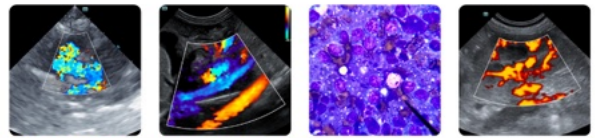
Volume contracted heart without dysfunction.

Myocardial remodeling.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is likely an effector organ owing to systemic disease. Hydration status should be considered. There was no evidence of significant pathology and no clinical issues noted at this time.





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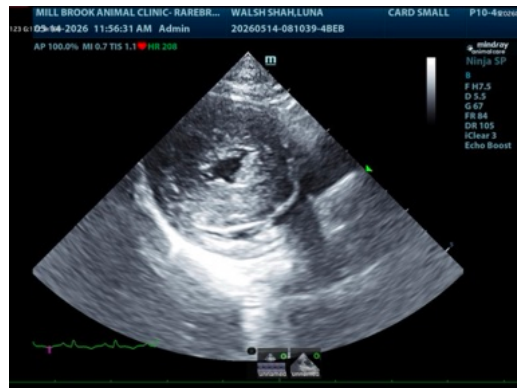
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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