

PATIENT

Nala Escobar

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.64 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian
Hougentogler, DVM

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Alexandra Kintz-
Konegger DVM,
MSTCVM

INVOICE

16345

DATE

05/18/26

PRESENTING CLINICAL SIGNS

Heart murmur grade IV / V, regular rhythm. Patient has history of cardiomyopathy; recheck echo PE: BAR; BCS 7/9; grade IV/VI systolic murmur with PMI at left parasternal position; moderate dental calculus. Pt currently prescribed medications Clopidogrel 18.75 mg q 24 hrs; Spironolactone 6.25 mg q 24 hrs; Enalapril 1.25 mg q 24 hrs. Pt has not been taking cardiac medications for several years, meds were recently prescribed again, and has not had a cardiology exam since 2023

Temperature: _100.8_ Pulse: _200_ RR: _60_ mm: _pink_ Pulse Quality: _regular_ Change in BCS: _No_ Attitude/Demeanor: _BAR_ Systolic BP: _140 (Doppler)_ Total T4: _2.0_ ProBNP: _47_ Creatinine: _1.2_

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	10.64	NM	--	--	--	--	--
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	280	--	1.2		--	1.8	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 left ventricle appeared volume contracted. The mitral valve was unremarkable with normal apposition. The ventricular septum was thickened and irregular, which appeared to blend in with the tricuspid valve, which appeared thickened, irregular and clubbed. The right ventricle presented with eccentric hypertrophy. Right atrial enlargement was noted. A trace amount of pericardial effusion was present. The left-sided volume appears to be contained. The right atrial enlargement is significant. The aortic outflow appeared unremarkable. No pleural effusion was noted in this patient. The right ventricular outflow tract was difficult to assess owing to excessive hypertrophy. I'm strongly concerned for pulmonic stenosis in this patient and some level of possible tricuspid valve dysplasia. The patient was extremely tachycardic.

ULTRASONOGRAPHIC FINDINGS

- Right atrial enlargement/right ventricular hypertrophy- Potential emerging right-sided heart failure is possible.
- Severe tachycardia.



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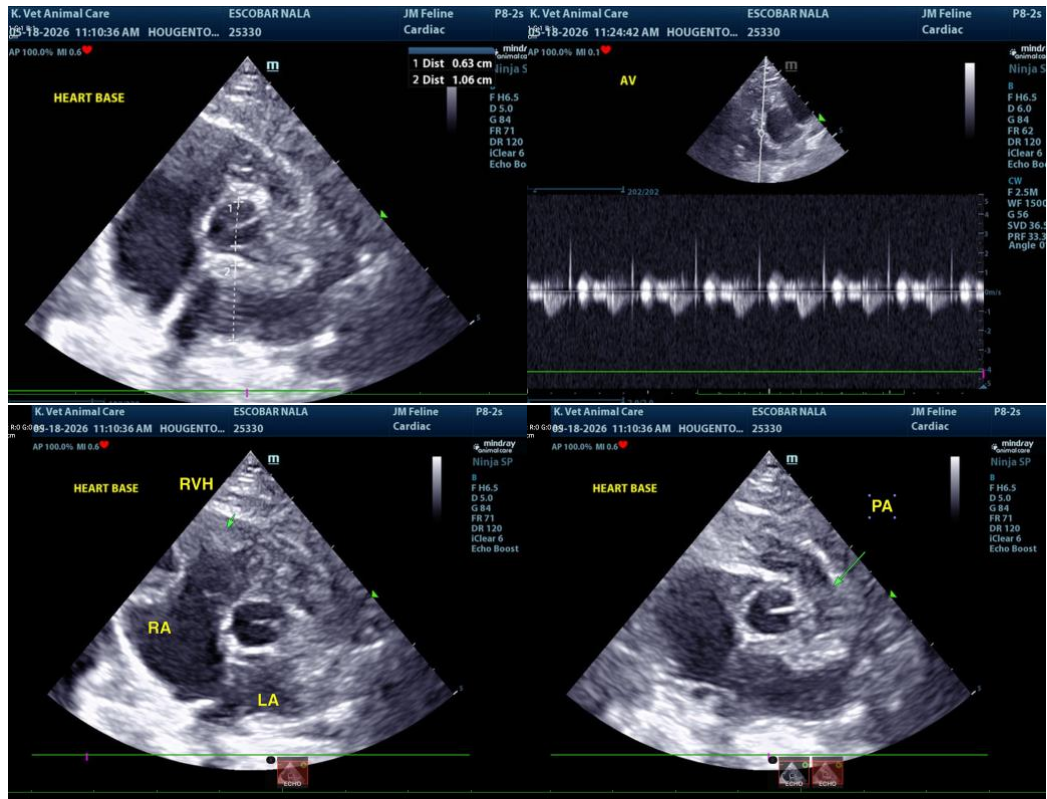
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- VSD and tricuspid dysplasia- pulmonic stenosis is a strong potential, however, diagnosis is open, appears to be somewhat stable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominal sonogram to assess for passive congestion, which may indicate right-sided heart failure. Sedation and full Doppler evaluation may be fruitful. A bubble study would also be a potential option. I recommend continuation of current protocol as prescribed, as long as the patient is non-clinical, however, further evaluation under sedation would be warranted with color flow and spectral Doppler assessment, primarily of the tricuspid valve and right ventricular outflow and full pulmonary artery. An EKG and blood pressure is indicated in this patient.





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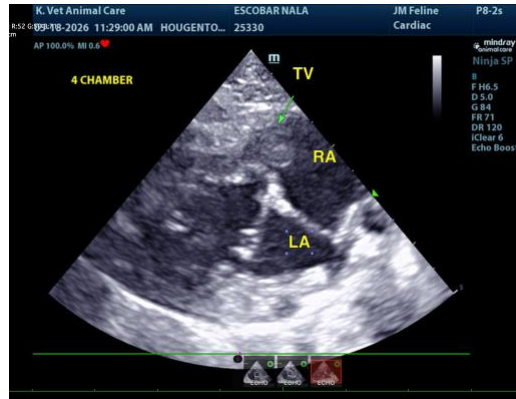
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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