



PATIENT

Joy Graver

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

10 years

WEIGHT

9.09 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

77730

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: RX- Furosemide 12.5mg 1/2 tab twice daily; amlodipine besylate 2.5mg 1/4 tab daily
Idexx Echo report from 5/25 assessment - The echocardiogram findings are consistent with hypertrophic cardiomyopathy phenotype with stable, moderate-severe left ventricular posterior wall hypertrophy and moderate left atrial enlargement without evidence of spontaneous echo contrast. The right heart is normal. Systolic function is normal. Hypertrophic cardiomyopathy is a common genetic (primary) disease in adult cats but can also occur secondary to systemic hypertension, hyperthyroidism, infiltrative diseases such as lymphoma, or acromegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented normal **left atrial** and **left ventricular** volumes. Concentric hypertrophy was noted in the septum and free wall with a mild amount of **myocardial** remodeling. Systolic anterior motion is noted during the exam. This is consistent with dynamic obstruction, yet not a clinical issue at this time. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. 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 **pulmonary outflow** was unremarkable. **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. Occasional arrhythmia was noted in this patient.

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	9.09 lbs	NM	0.91	0.9	0.84	62	93
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	1.4						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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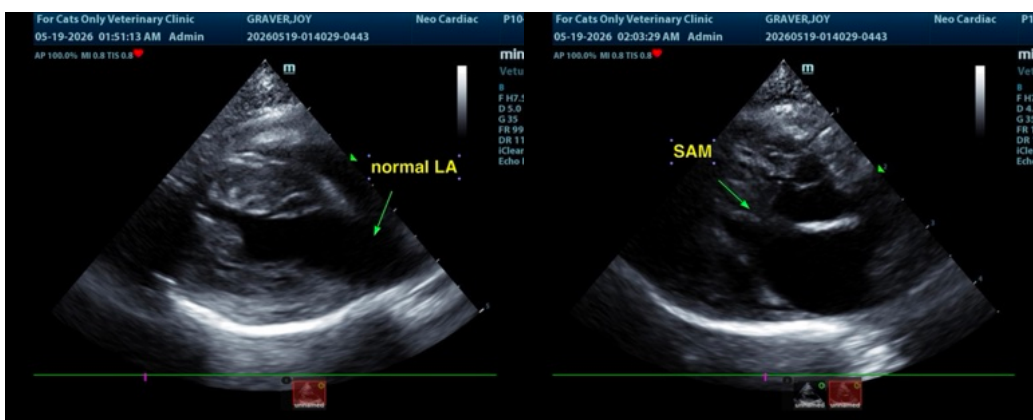
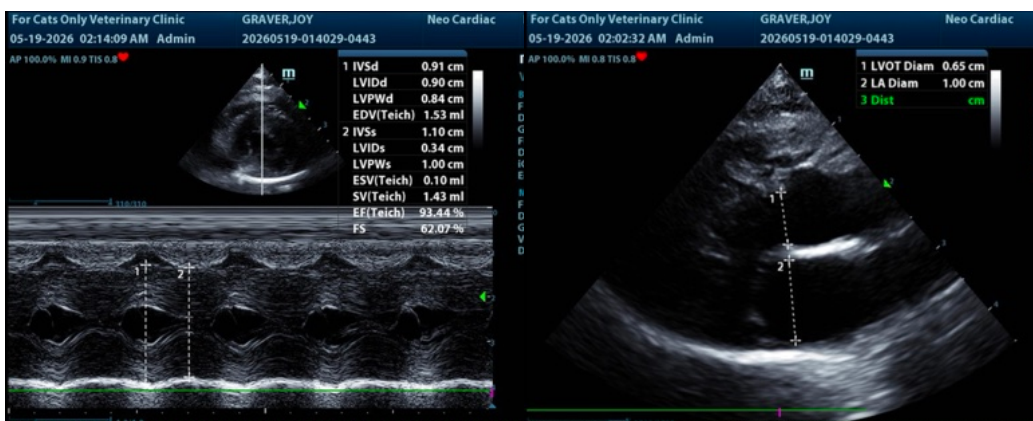
ULTRASONOGRAPHIC FINDINGS

Stable hypertrophic cardiomyopathy phenotype with myocardial remodeling.

Mild right ventricular hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of the current protocol in this patient. Monitoring blood pressure measurements and thyroid level is essential in this patient. Recheck echocardiogram is recommended in 6-12 months.





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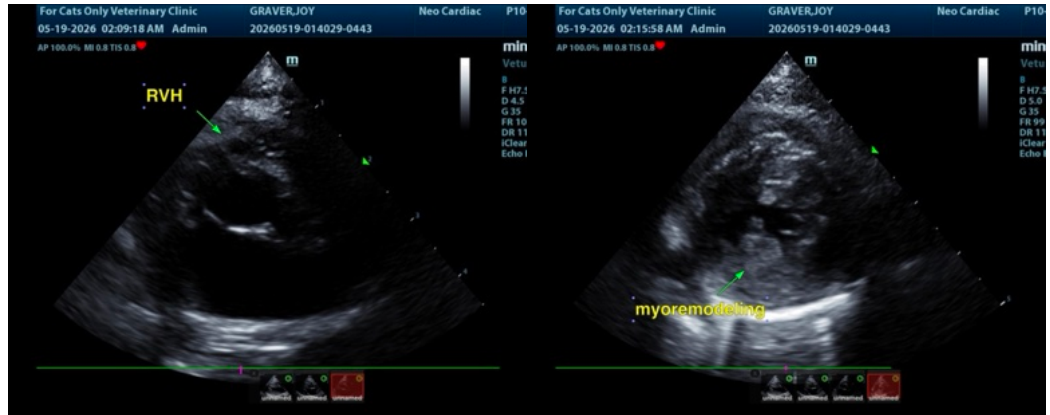
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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