

PATIENT

Calif Wattles

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Silver Creek Animal
Clinic

REFERRING VET

Dr. Tangeman

INVOICE

75291

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Patient was losing weight and was diagnosed with hyperthyroidism. Went to get radioactive iodine treatment, but on their pre-exam and radiographs they found a lung mass.

ABNORMAL Labwork Values: T4: 8.4ug/dL, ALT: mildly elevated, HR/RR/BP: 200/45/Unknown.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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	3	180	0.4	1.4	0.45	45	90
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	1.0	1.09	1.27		1.0	0.91	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).

Lung mass noted on radiographs within the right caudal lung field. Acoustic window to reach the mass for imaging or sampling was not able to be achieved owing to lung and air interference. Both intercostal and transdiaphragmatic subxiphoid approaches were taken.

Hepatic veins were not dilated.



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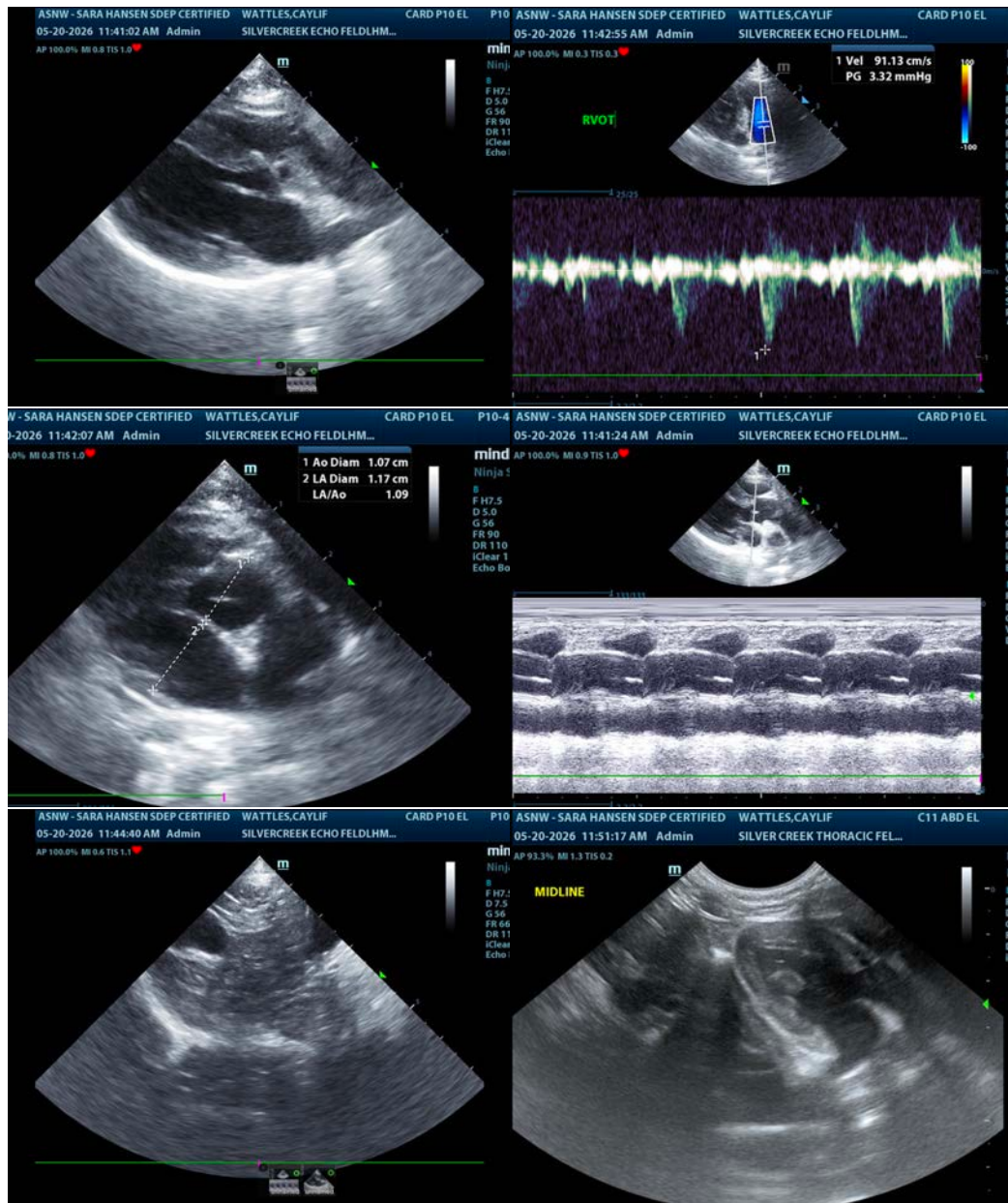
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ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.
- Lung mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest CT would be appropriate as well as abdominal sonogram to assess for primary or related disease. No evidence of cardiac disease in this patient.





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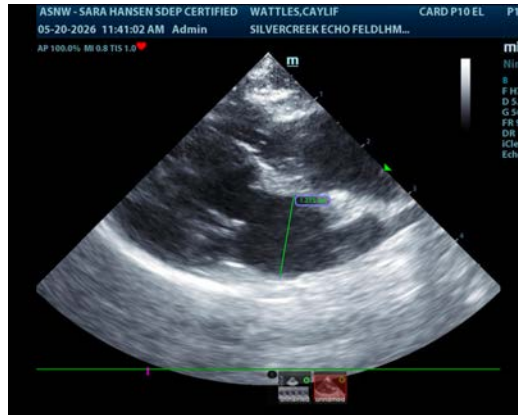
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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