



## PATIENT

Bessie Esposito

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

7 years

## WEIGHT

14.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Christensen

## HOSPITAL NAME

Tranquility VC

## REFERRING VET

Dr. Peng

## INVOICE

78051

## DATE

5/27/26

## PRESENTING CLINICAL SIGNS

History: P presented with congestion of about 2 weeks duration. Wet-sounding, stertorous breathing and sneezing present, no nasal discharge/coughing/other. Has history of allergic airway disease, usually resolves on prednisolone. This time stertor did not resolve to prednisolone, convenia, or doxycycline and O reports P now has decreased appetite and hasn't been seen eating or drinking for the past couple of days (will walk over to the bowl and not eat).

Elevated BNP on pre-sedation screening.

Abnormal PE/Chem/CBC/UA Results: Current medications: \_Prednisolone 5mg EOD (end of taper). Convenia 0.7mL given 5/15/26.\_ Diagnostic abnormalities: \_BNP 503 (high). CBC mild decr. Plts (92 - artifact vs other). Chem: Creat 0.7 (low), Globulin 6.0 (high), Lipase 1500 (high).\_ Notes: \_Plan was to sedate and perform nasal flush/respiratory panel. Plan put on hold to work up heart for patient safety per O discussion

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated subjectively volume contracted **left atrium**. 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. Trivial **tricuspid** insufficiency was noted. 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.

## E Wave Velocity 0.6 m/sec

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	14.8 lbs	NM	0.5	1.3	0.6	45	81
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	1.3	1.3	NM	0.7	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**

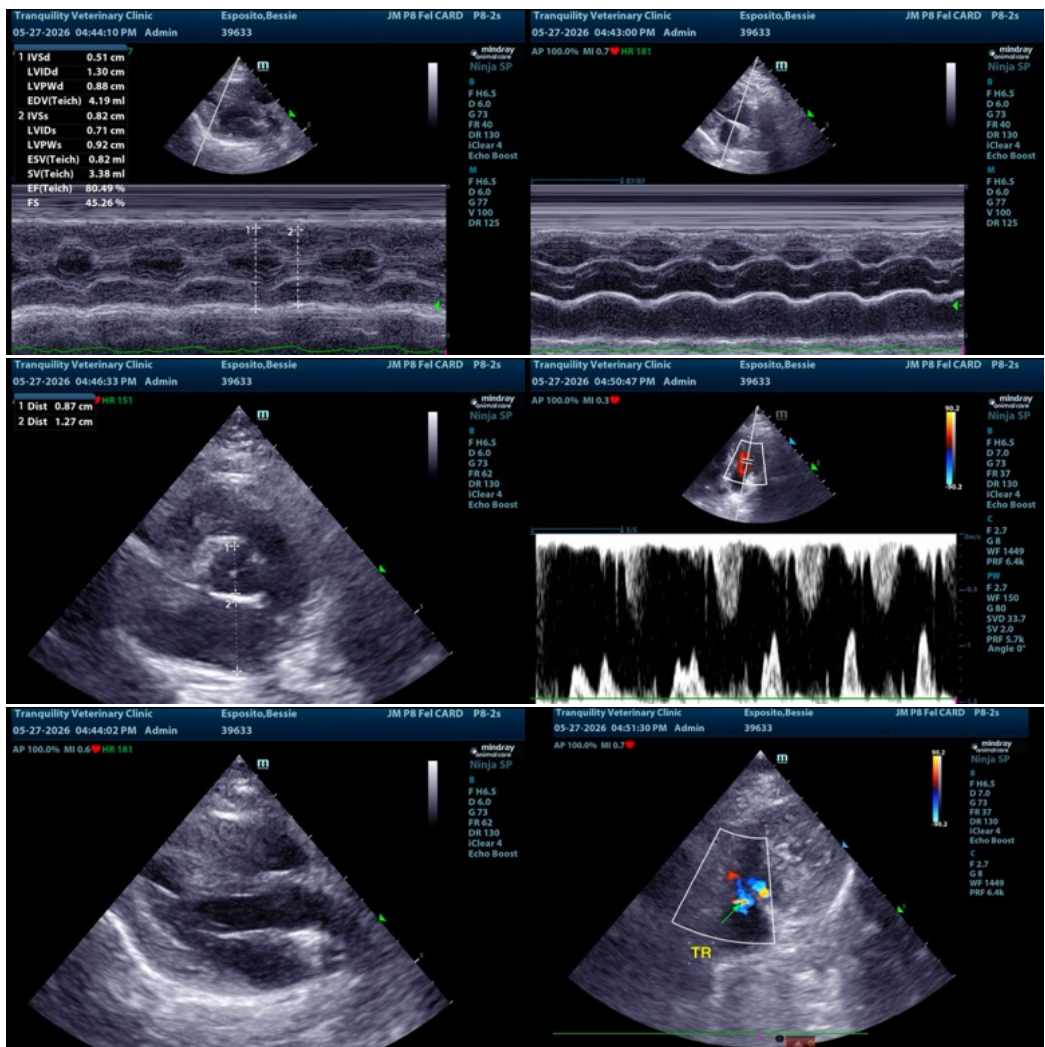
Normal echocardiogram.

Trivial tricuspid insufficiency, not clinically significant.

Volume contracted left atrium.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease. The clinical signs are non-cardiogenic. Causes of volume contraction and hypotension should be considered. An abdominal sonogram is warranted given the patient's clinical history if not already performed.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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

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