



PATIENT

Church Collazo

SPECIES

Feline

BREED

DLH

SEX

Male

AGE

8 Months

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Newburgh Veterinary
Hospital

REFERRING VET

Dr. Acevedo

INVOICE

16616

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Noted an incidental murmur at 6 months. Physical exam normal except for a persistent 2/6 left heart murmur.

Abnormal PE/Chem/CBC/UA Results: Blood being taken morning of imaging.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	10.2 lbs	216	0.69	1.03	0.61	67	95
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	--	--		1.0	0.77	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							

E-wave V: 1.2

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Minor mitral valve insufficiency was noted without left atrial enlargement. 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. Dynamic obstruction of the **left ventricular** outflow tract was noted with systolic anterior motion of the mitral valve. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated measurable insufficiency measuring 3.12 m/s. 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. Periodic tachycardia was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

- Tricuspid insufficiency and obstructive hypertrophic cardiomyopathy without volume overload.
- Periodic tachycardia.



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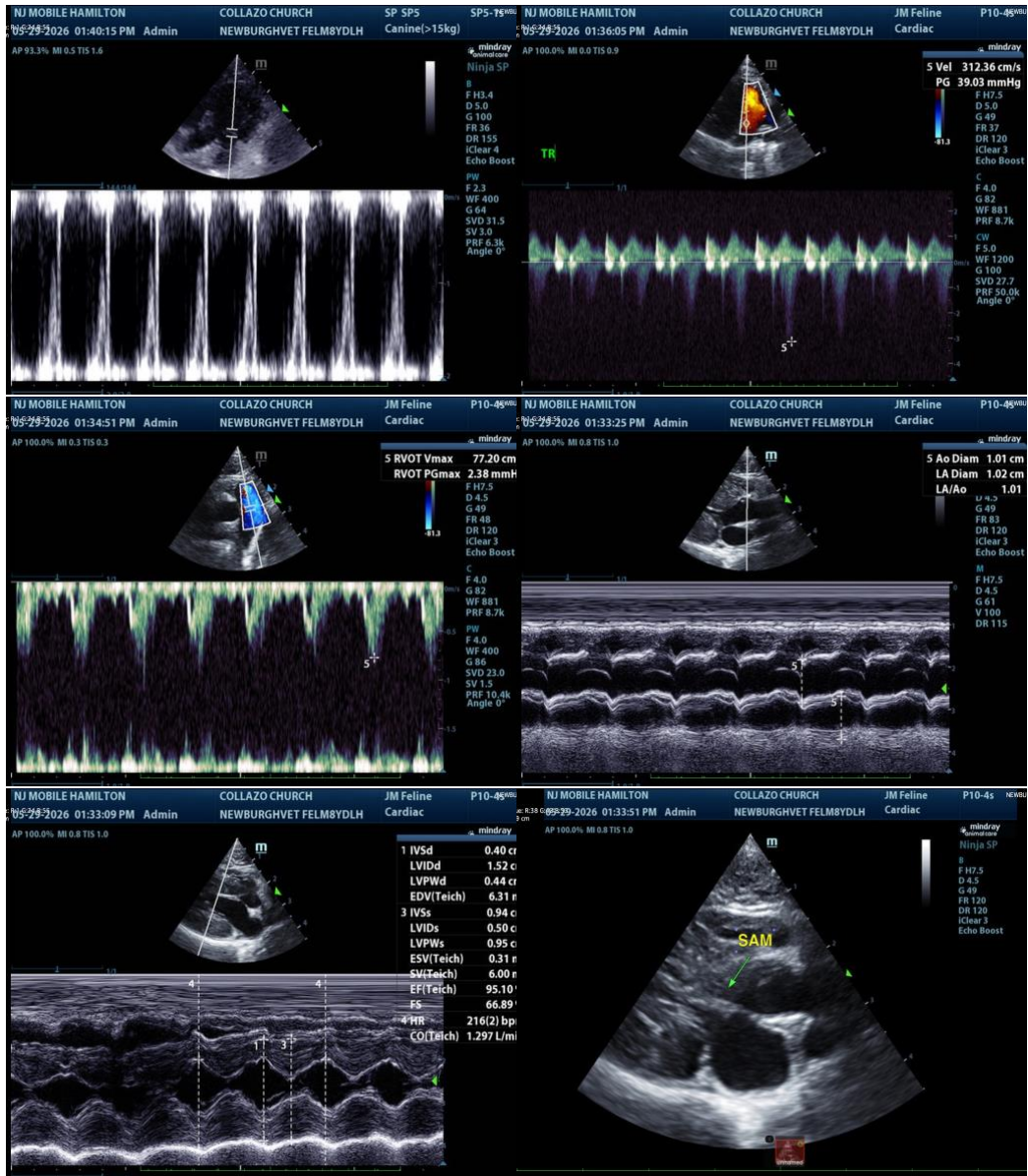
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No vert contraindication to anesthetic procedures at this time. However, recheck echocardiogram at an adult age is recommended to assess for further development. EKG is indicated. No therapy is recommended at this time. Occasional tachycardia may be excitement or tachyarrhythmia.





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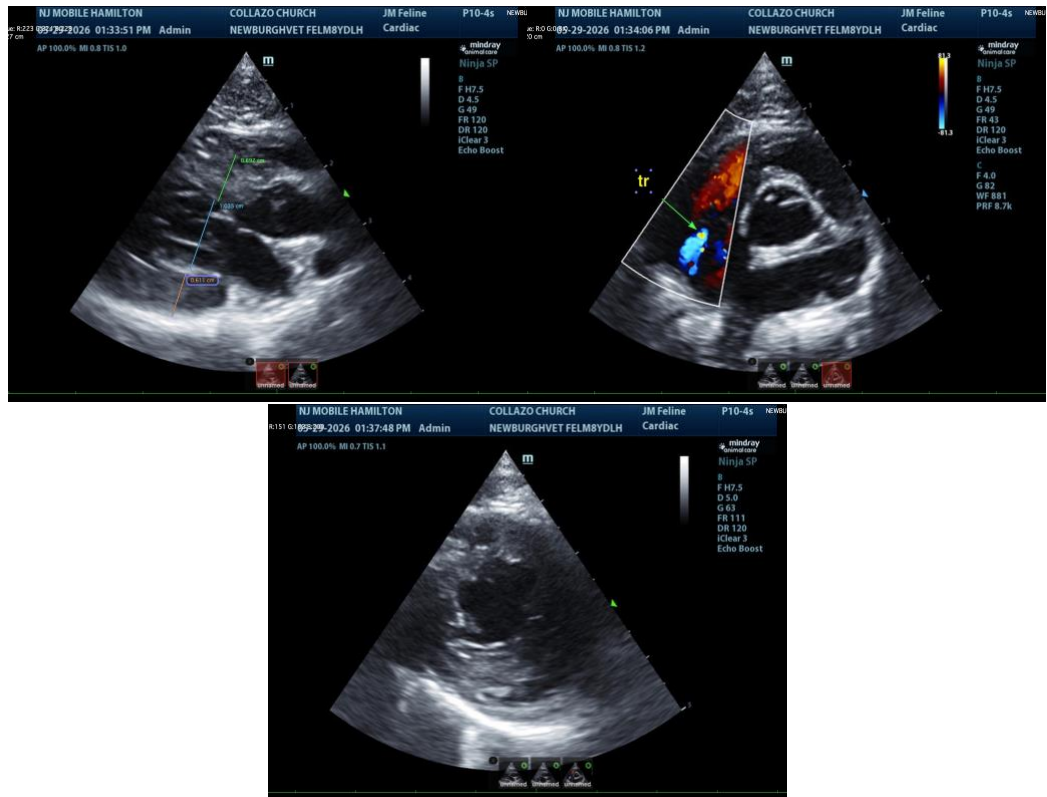
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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