



**PATIENT**

Ricky Trumbore

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

12.02 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Renee Ziegler-Post

**HOSPITAL NAME**

For Cats Only VC

**REFERRING VET**

Dr. Renee Ziegler-Post

**INVOICE**

37030

**DATE**

5/8/26

**PRESENTING CLINICAL SIGNS**

History of HCM, would like recheck Echo (last one done in December 2024) to see if Felycin is an option.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	12.02	NM	0.43	1.7	0.51	35	80
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/)
<b>NORMAL PARAMETER</b>	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
<b>PATIENT</b>	1.4	1.6	1.6		--	--	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 cardiac presentation in this patient largely presented normal septal and free wall thickness with upper limits of normal left ventricular internal diameter and upper limits of normal left atrial size. Contractility was adequate. Right atrium and right ventricle were unremarkable. No appreciable valvular insufficiency was noted in this patient; however, this may be minor.

**ULTRASONOGRAPHIC FINDINGS**

- Currently, there is no evidence of hypertrophic cardiomyopathy phenotype in this patient, as septal and free wall thicknesses are normal and contractility is adequate. There is no evidence of dynamic or fixed obstruction. Volumes are normal for this size patient.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I do not recommend any specific therapy at this time. Prior HCM type diagnosis can occur if temporary myocardial thickening may occur or if the patient is under medication such as atenolol or diltiazem. However, at this time, I do not feel that there are any appreciable changes consistent with HCM. Having said that, prior ventricular thickening can remodel and thin, and be measurably normal, which may be the case in this patient. However, at this time, there is no evidence of volume overload, pressure overload or dynamic obstruction. I do not feel that there is a need for Felycin or other



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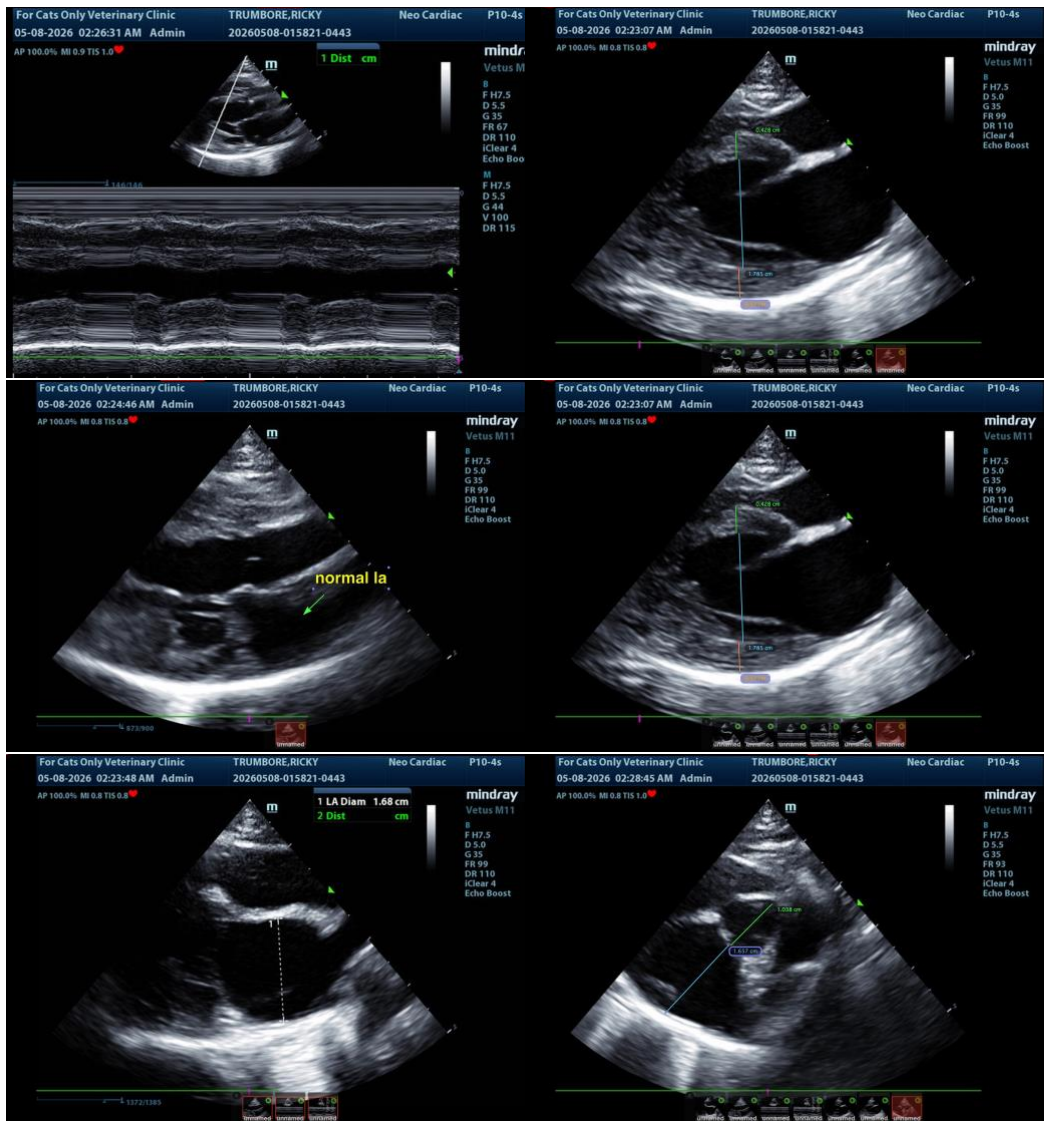
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medications at this time, more than the current protocol (if any). Further doppler evaluation of all four valvular apparatuses and spectral doppler evaluation of the right ventricular outflow tract would be ideal.

Regarding Felcyn for HCM utilization, I am hesitant to overtly prescribe it in any HCM or HCM phenotype cases, as the research is very limited at this point. I am not necessarily against its utilization, however, I am not overtly prescribing it at this time, until further research is published that supports its effectiveness and its lack of clinical side effects in HCM phenotype cases.





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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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)