



PATIENT

Miles Rasmussen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years 10 Months

WEIGHT

9.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amelie Thibaudeau

HOSPITAL NAME

MojoVet

REFERRING VET

Dr. Amelie Thibaudeau

INVOICE

16306

DATE

06/03/26

PRESENTING CLINICAL SIGNS

History of collapse of syncope last week and some vomiting associated with it, hypert4 well controlled with methimazole, t4 was 3 last week. Renal values marginal IRIS Stage 1-2 kidney disease/on RC Renal Support HP.

Abnormal PE/Chem/CBC/UA Results: Gallop rhythm on exam although pulses were ss; rads 3 view: heart size enlarged, no sign of pulmonary edema or other pathology in lung fields. t4 3, sdma 20, creat 1.3, rest nsf. UA USG low. Blood pressure was difficult to take when awake, unsuccessful at this time, wanted to do echo next. Will try again later. Possible mass or thickening associated with LV chorda tendineae external wall c

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	9.1	NM	0.5	1.9	0.6	25	--
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	1.5	1.5	1.67		--	--	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 mildly enlarged **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 mild volume overload with slight moderate hypocontractility. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. 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). 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. Tachyarrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS



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- Restrictive cardiomyopathy pattern with volume overload of the left ventricle.
- Mild left atrial enlargement.
- Periodic arrhythmia.

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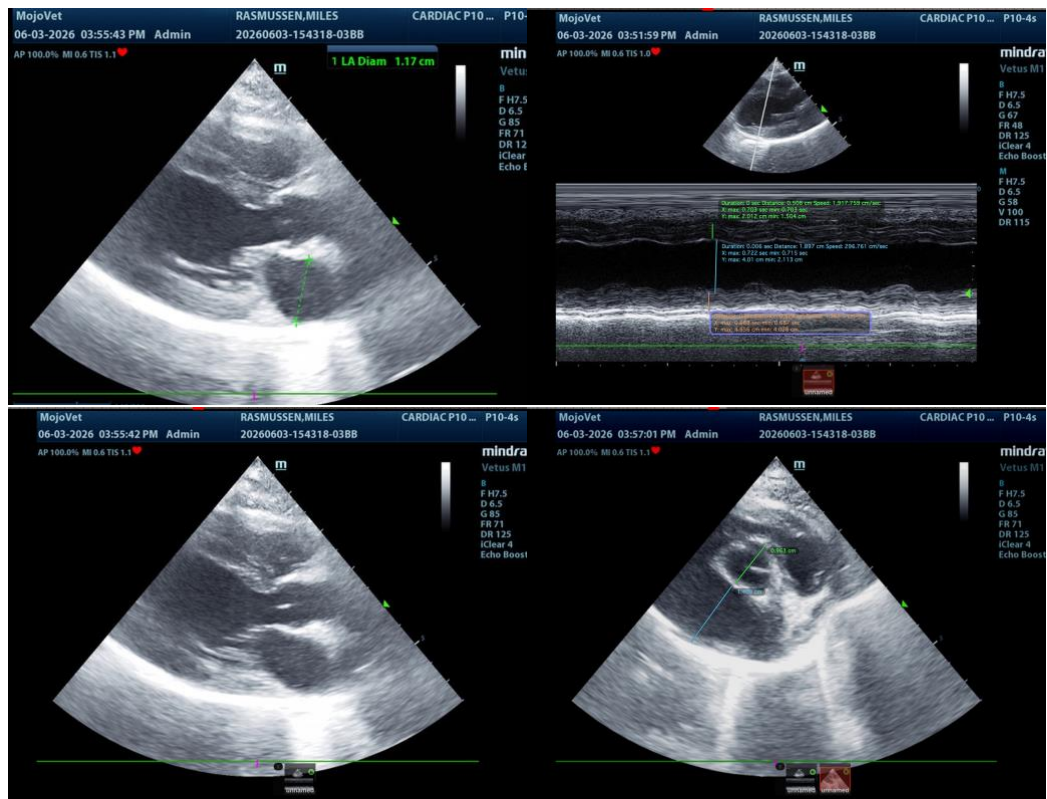
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Long lead 2 EKG is warranted, as well as blood pressure measurements if not already performed. Abdominal sonograms to assess for systemic disease that may be playing an effector organ issue upon the heart. Clinical trial of Pimobendan at 0.3 mg/kg BID would be indicated as well as Plavix therapy and ACE inhibitor at 0.5 mg/kg SID. Recheck echocardiogram in three to four weeks. No evidence of masses.

If any pulmonary edema is present, then Lasix therapy would also be indicated.





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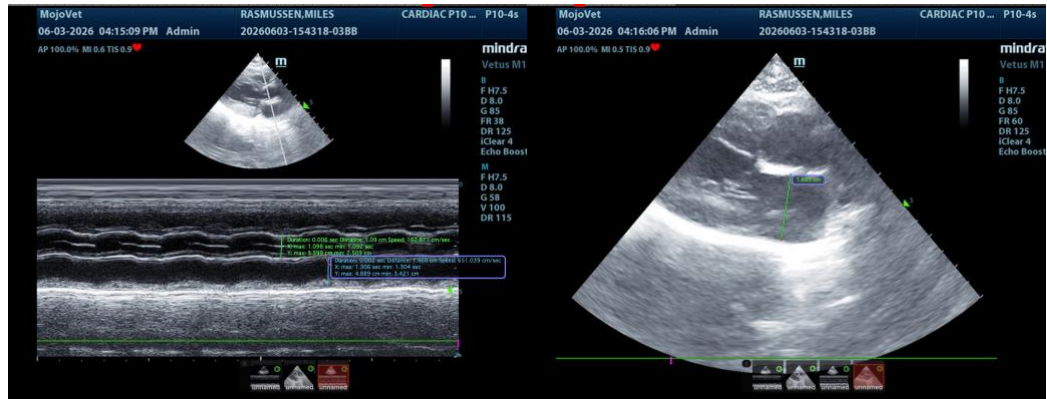
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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