



**PATIENT**

Holly Christie

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

7.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Westcott

**HOSPITAL NAME**

Dr Westcott

**REFERRING VET**

Dr. Westcott

**INVOICE**

91823

**DATE**

9/19/21

**PRESENTING CLINICAL SIGNS**

History: Acute vocalization and partially paralyzed pelvic limbs. Suspected ATE. Heparin, methadone and an NSAID resulted in warmth returning to the pelvic limb extremities and some return to function. Abnormal PE/Chem/CBC/UA Results: Stress hyperglycemia and very elevated ALT, mild elevation in BUN

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient presented concentric hypertrophy of the left ventricle with a thickened, irregular, papillary muscles and false tendons. Mitral insufficiency was noted with smoke in the left atrium and arrhythmogenic activity. Left atrial enlargement was present and severe. The right heart was unremarkable. No pericardial or pleural effusion was noted.

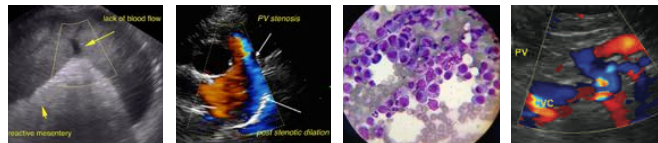
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		NM	0.77	1.3	1.0	46	81
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m)
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
PATIENT		2.5	2.4		0.9	0.84	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							

**ULTRASONOGRAPHIC FINDINGS**

Hypertrophic cardiomyopathy with left atrial enlargement and emerging left-sided heart failure and smoke.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for left-sided failure is recommended as well as anti-thrombotic support. I recommend continuation of the Pimobendan and Furosemide and adding an ace inhibitor would be appropriate at 0.5 mg/kg s.i.d. and Plavix therapy. The prognosis is guarded. The patient is at risk for sudden death. A recheck echocardiogram is recommended in a week. Assessment of BUN, creatinine, USG, chest



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radiographs and blood pressure as well as clinical exam is ideal in 7-10 days. Basal respiratory rate should be <20/min.

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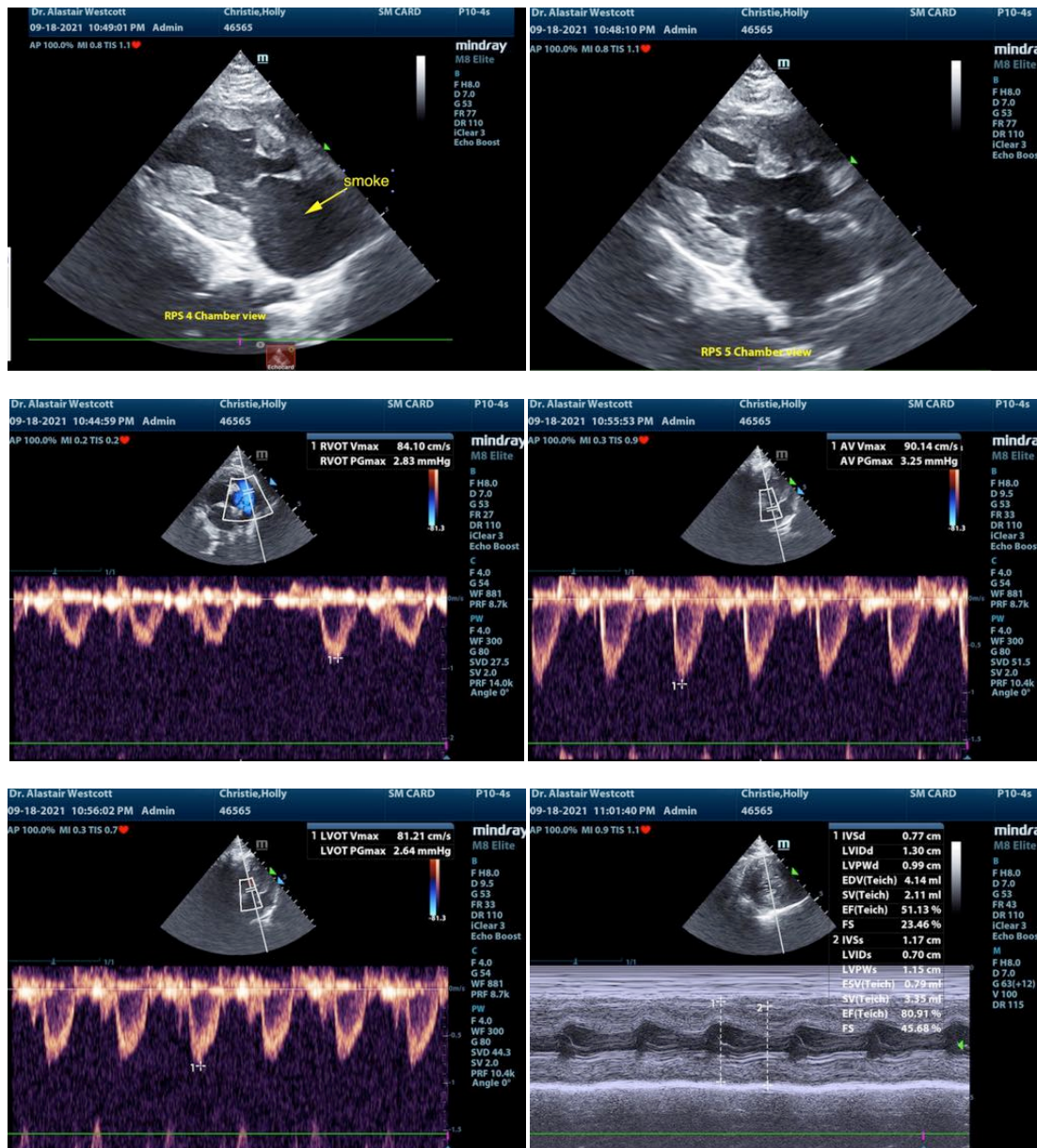
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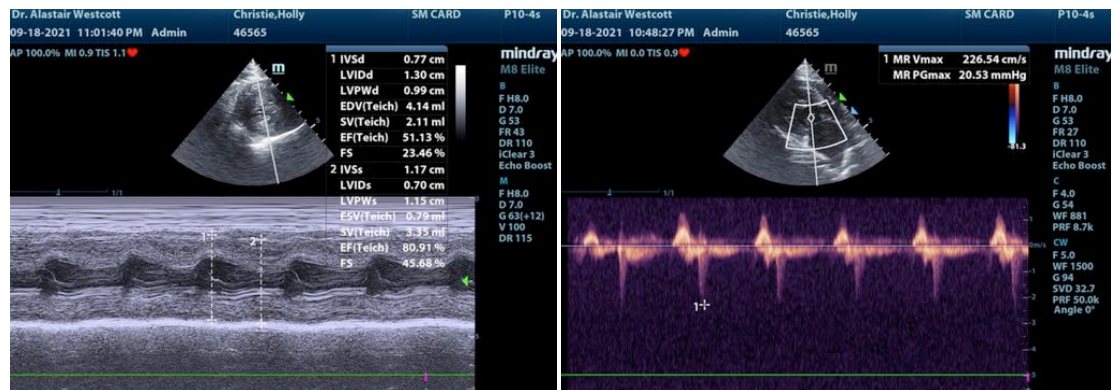
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com