



## PATIENT

Stella Carmen

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Spayed Female

## AGE

10 years

## WEIGHT

6.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

West Salem Animal  
Clinic

## REFERRING VET

Dr. Sirianni

## PRESENTING CLINICAL SIGNS

History: cat does have a heart murmur per owner - pe reveals a very thin cat that is slightly dehydrated and is tender on palpation of lower lumbar spine. she has a holosystolic murmur - PMI is L thorax and no crackle or wheezes are noted. the murmur is about a 3/6. her kidneys are both small and misshapen. urinary bladder is full and she doesn't resent palpation. the rest of her exam is unremarkable. vocalizes at night per owner - also acts very hungry all the time - also drinks a lot - owner is only feeding 1 - 3 oz can per day

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

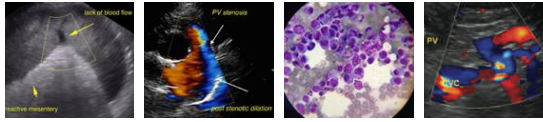
The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. Systolic anterior motion was noted. The **left ventricle** presented concentric hypertrophy with myocardial remodeling. Contractility and internal volume appeared to be adequate. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** insufficiency was noted. **Right ventricular** hypertrophy was noted. **Pulmonic** velocity was excessive in this patient and measured 3.0 m/sec; however, it is compensated at this time. . No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

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	6.8 lbs	NM	0.69	0.82	0.72	50	80
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	1.37	1.36	1.7	1.3	1.8	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							

## DATE

12/7/21

Invoice  
94366



**PATIENT**

Stella Carmen

**ULTRASONOGRAPHIC FINDINGS**

Concentric left and right ventricular hypertrophy with dynamic left ventricular outflow obstruction.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The heart is currently compensated. There is no evidence of volume overload. Excessive right ventricular outflow velocity and tricuspid insufficiency is likely owing to primary right ventricular hypertrophy. Blood pressure measurements and thyroid assessment is recommended in this patient. If no clinical signs are present then no specific treatment is warranted at this time. A recheck echocardiogram is recommended in 6 months. Assessment for exercise intolerance is warranted. If basal heart rate is > 200/minute then Atenolol therapy can be considered. Given the patient's history abdominal sonogram is warranted to assess for primary disease in the abdomen.

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Domestic Longhair

**SEX**

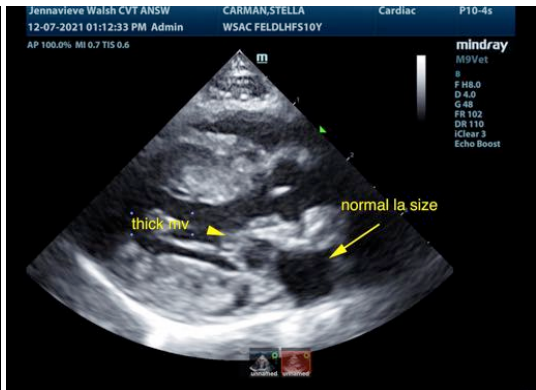
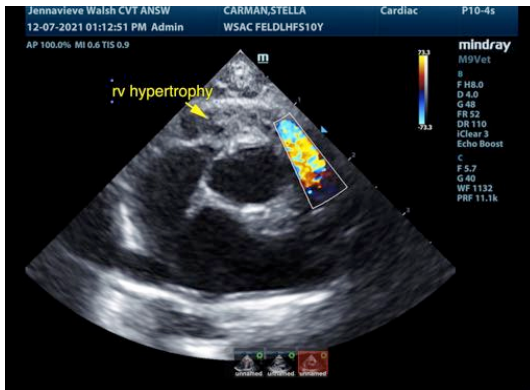
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**AGE**

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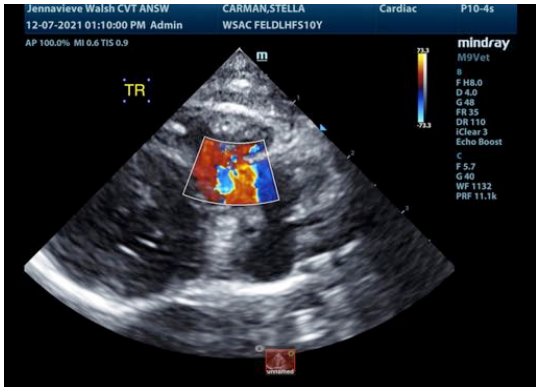
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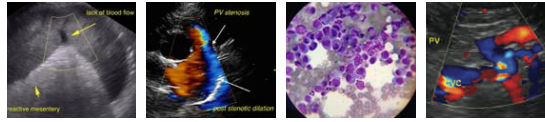
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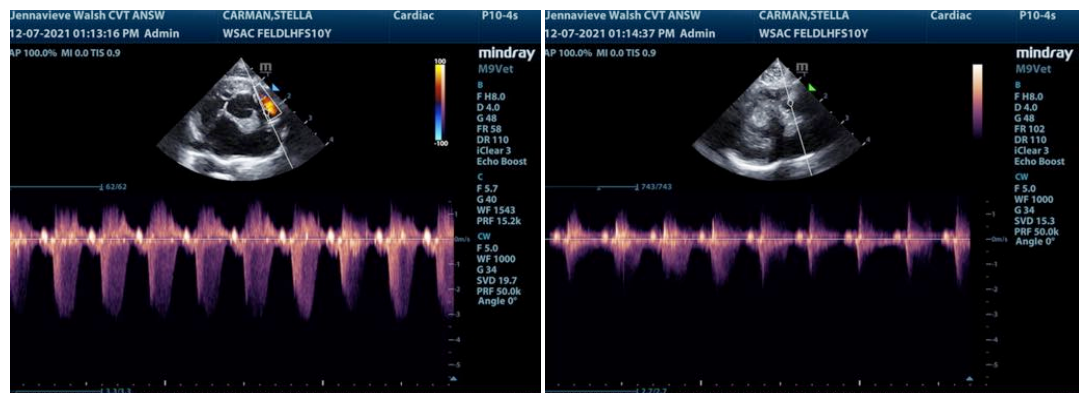
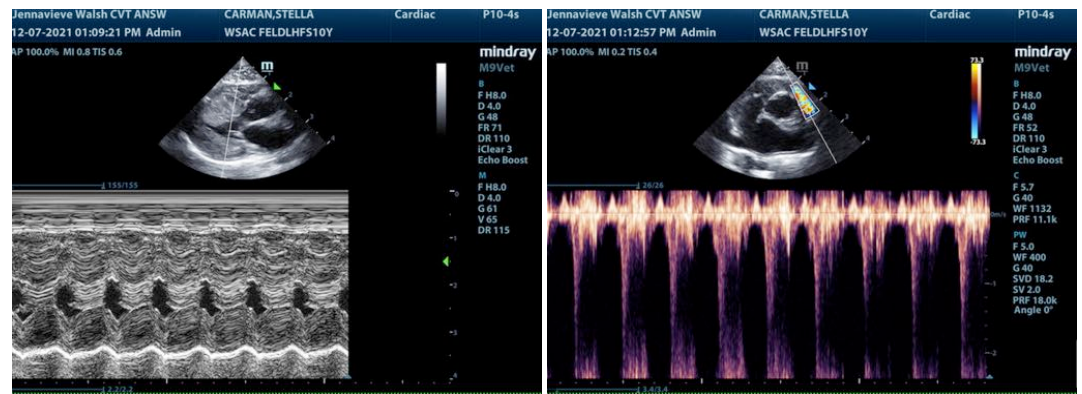
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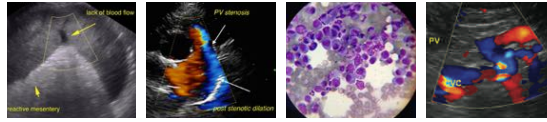
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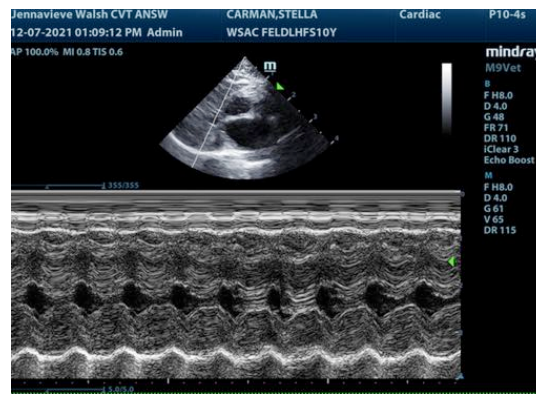
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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