



**PATIENT PRESENTING CLINICAL SIGNS**

Sinbad Levitt

Sinbad presented on 2/21/22 for presurgical evaluation prior to a routine dental cleaning. On exam, a grade 2/6 right-sided heart murmur was noted. HR 170, no arrhythmias. RR 30, lung sound clear. Sinbad has been doing well clinically at home. This murmur may be intermittent - it was noted on exam at another clinic in 2019 (also grade 2/6) but not on exam August 2021 here at WEAH. Sinbad has a history of hyperthyroidism, diagnosed August 2021, and is doing well clinically on Methimazole.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Most recent T4 done Oct 2021, was 2.4. CBC/Chem done August 2022 was unremarkable.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

12.81 lbs

**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 **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. 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. Trivial **tricuspid** insufficiency was noted. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. 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.

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Eugene AH

**REFERRING VET**

Dr. Sundholm

**DATE**

2/23/22

Invoice  
96280

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	12.81 lbs	169	0.66	1.76	0.7	39	73
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		1.12		1.1	0.88	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							



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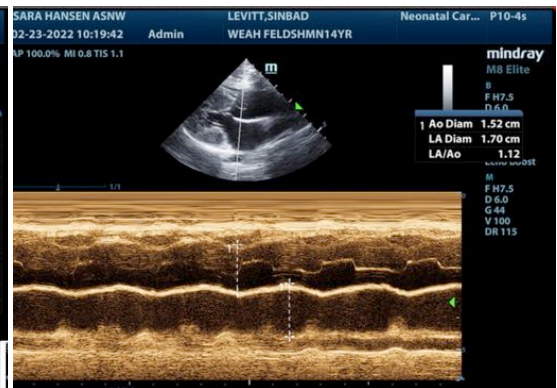
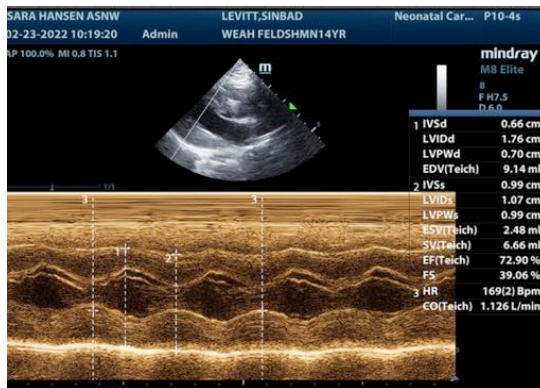
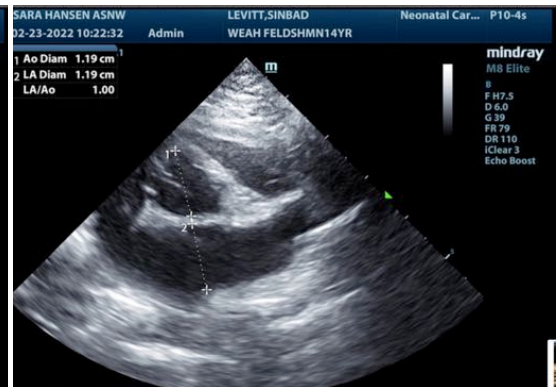
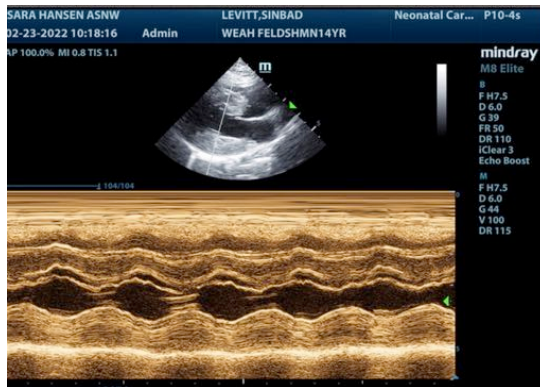
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**ULTRASONOGRAPHIC FINDINGS**

Minor left ventricular hypertrophy with trivial mitral and tricuspid insufficiency, not clinically significant. Trivial aortic insufficiency was also noted.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for hyperthyroidism or systemic hypertension is warranted. There is no overt contraindication to anesthetic procedure if the parameters are normal. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended.





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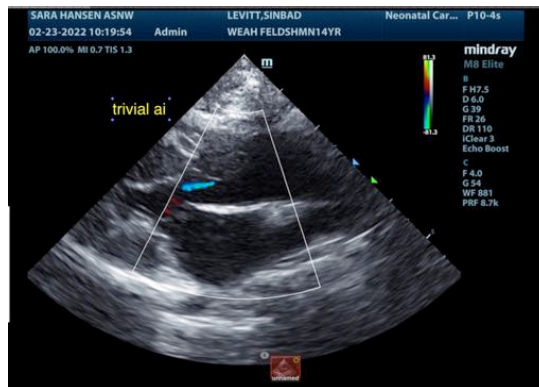
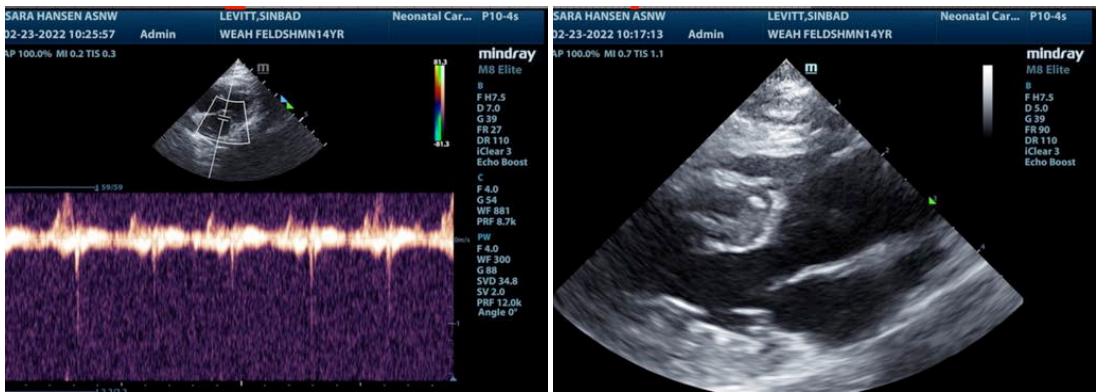
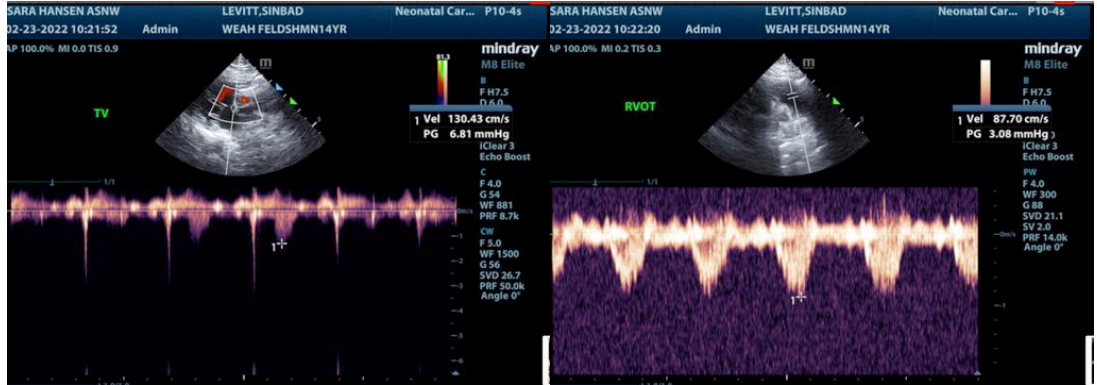
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS

CEO of Sonopath.com



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Eric.Lindquist@SonoPath.com

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