



PATIENT

Larry Scott

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

12 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Lovell

INVOICE

78037

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Recheck echo from 6/24/25 to assess HCM status. Intermittent episodes of respiratory distress during stressful events. Furosemide 6.25 mg Am, 12.5 PM. Benazepril 3.75 mg SID
Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. There was trivial **mitral** valve insufficiency was noted. The **left ventricular** hypertrophy has resolved in this patient. Mild **myocardial** remodeling was noted in this patient. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. 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.

E Wave Velocity 0.9 m/sec

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	16 lb	NM	0.59	1.6	0.46	50	90
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	1.0	1.2	1.4		1.17	0.94	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

I am suspicious of volume dynamic incident that likely caused a temporary hypertrophy of the left ventricular septum. There was no evidence of residual clinical disease.



PATIENT

Larry Scott

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

12 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS, CEO of
 SonoPath.com

**IMAGING
 PERFORMED BY**

Chloe Lowe, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Lovell

INVOICE

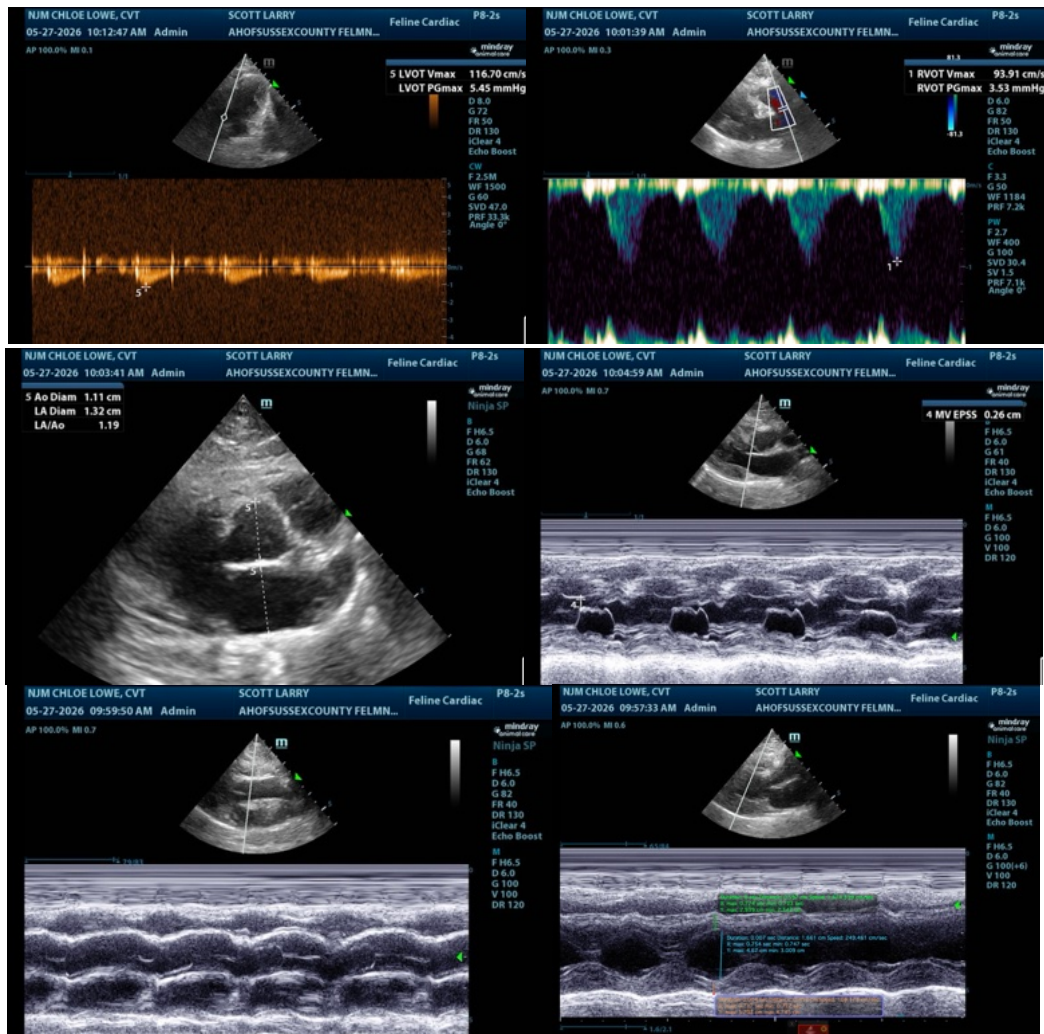
78037

DATE

5/27/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The respiratory distress is not caused by cardiac source at this time unless a paroxysmal arrhythmia issue is occurring. I recommend gradually diminishing the furosemide. Recheck echocardiogram is recommended in a month. Maintaining ace inhibitor would be warranted; however, eventual weaning off that medication may be appropriate depending on follow-up echocardiogram.





PATIENT

Larry Scott

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

12 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

**IMAGING
PERFORMED BY**

Chloe Lowe, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

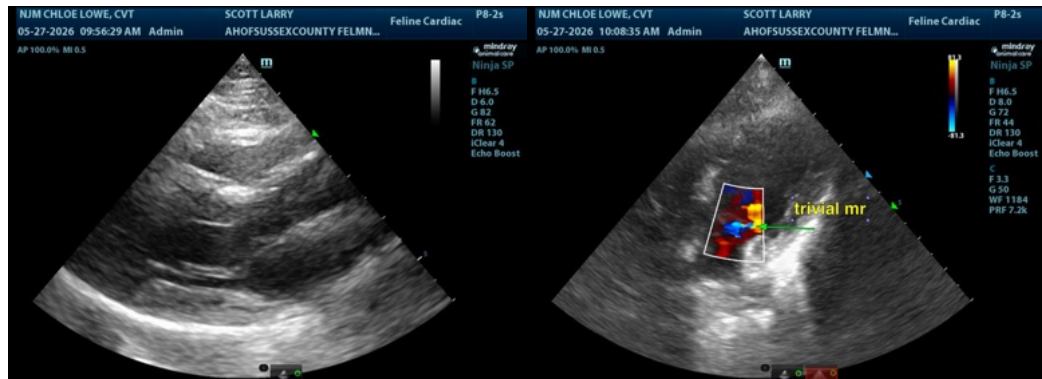
Dr. Lovell

INVOICE

78037

DATE

5/27/26



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 of SonoPath.com

Info@SonoPath.com