



## PRESENTING CLINICAL SIGNS

### PATIENT

Snickers Hutchinson

History: arrhythmia; jaundiced, CBD dilation, hepatomegaly, liver nodules, peritoneal effusion (in house AUS done). R/O heart disease. On Vit K, cerenia, famotidine, baytril, metronidazole, unasyn  
 Abnormal PE/Chem/CBC/UA Results: Crea 2.1, phos 2.2, TP 8.3, glob 5.5, chol 261, ALT 178, ALKP 192, GGT 50, tbili 10.4; UA: protein 3+, glu 250, bili 3+, wbcs 5-10, scant cocci, USPG 1.050

### SPECIES

Feline

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

### BREED

Domestic Shorthair

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **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 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. Trivial **tricuspid** insufficiency was noted, yet not clinically significant. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. The hepatic veins were not dilated.

### SEX

Neutered male

### AGE

10 years

### WEIGHT

8.8 lbs

### INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

### IMAGING PERFORMED BY

Diane McFadden

### HOSPITAL NAME

Newton VH

### REFERRING VET

Dr. Kim

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base;)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.27	1.22	59	91	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA (2D short axis Base view) (cm)	LVIDd (Avg; 2D and m-mode short axis) (cm)	LVIDs (Avg; 2D and m-mode short axis) (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	185	1.3	0.9	8.8 lbs	1.4	1.6	

### INVOICE

43744

### DATE

4/7/23



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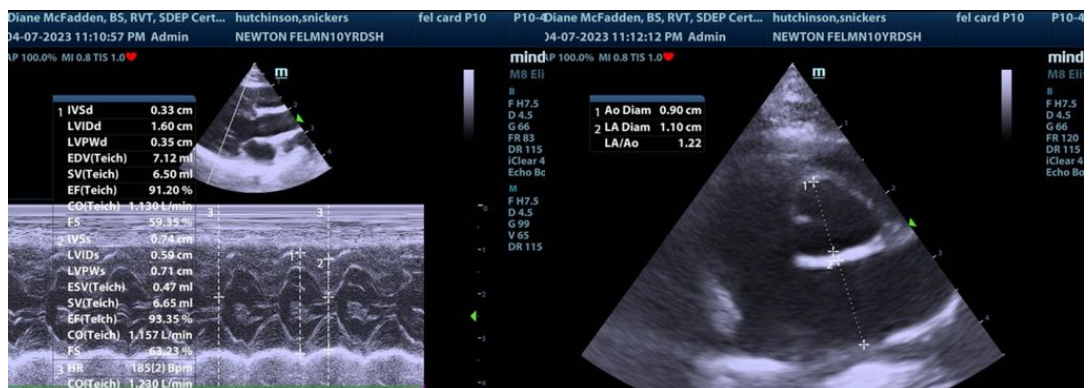
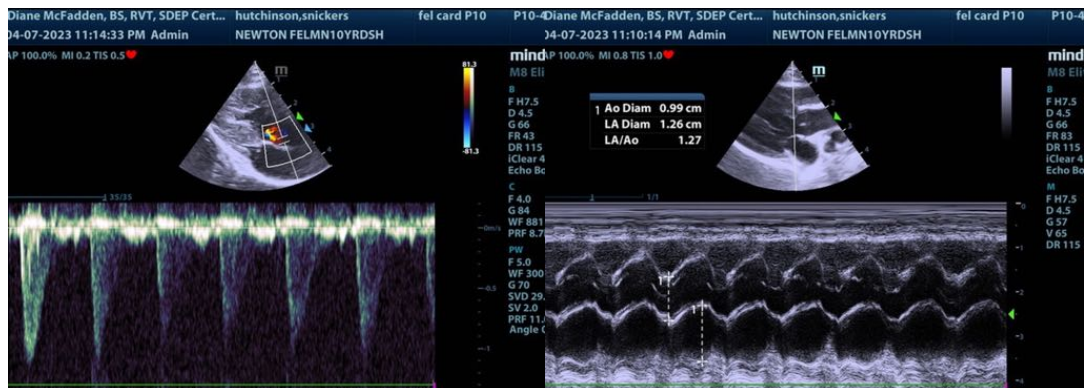
**ULTRASONOGRAPHIC FINDINGS**

Normal echocardiogram.

Trivial tricuspid insufficiency, not clinically significant.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of pathology. No overt arrhythmia was noted during the echocardiogram. However, myocardial irritability may be an issue despite normal structure and function. No cardiac medications are recommended unless EKG results reveal a necessity for anti-arrhythmic.





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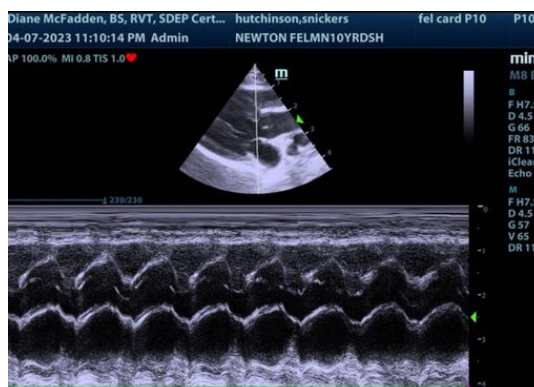
Dr. Kim

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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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