



**PATIENT**

Trixie Winner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

6.95 Pounds

**INTERPRETED BY**

Laurent Locquet, DVM,  
MRCVS, GPCert, (VC)  
Diplomate, ECVIM-CA  
(Cardiology)

**IMAGING PERFORMED BY**

Dr. Melissa Weisman

**HOSPITAL NAME**

Minnesota VU

**REFERRING VET**

Dr. Melissa Weisman

**INVOICE**

35672

**DATE**

11/25/25

**PRESENTING CLINICAL SIGNS**

History: Presented with labored breathing and frequent short and shallow breaths. Went to AERC (ER) for xrays, which showed an enlarged heart, mild lung changes, and a slightly enlarged liver potentially due to fluid backup. Was given antibiotics and gabapentin at AERC. Abnormal Radiographic Findings Radiographs taken at AERC: shown an enlarged heart, mild lung changes, and a slightly enlarged liver. Radiologist report: "The cardiac silhouette is severely enlarged. The right middle lung lobe is consolidated and alveolar. The lungs are otherwise hyperinflated with patchy soft tissue opaque tract-like/tubular areas likely from bronchial plugs as well as occasional peribronchial cuffing. The pulmonary vasculature, pleural space and cranial mediastinum are normal. Abdominal structures are all normal on limited view. No significant skeletal changes. Conclusion 1. Pulmonary changes most consistent with chronic lower airway disease/asthma with bronchial plugging. 2. Severe cardiomegaly, most commonly hypertrophic cardiomyopathy." Current Medications (include dosages): AMOXicillin Clavulanate 91.4 mg/ml- 0.5mL 2x/day -Gabapentin 50 mg/ml liquid- 0.5mL every 8-12hrs 5mg furosemide po this morning The patient was sedated by the primary vet for today's echocardiogram with Gabapentin 100 mg/mL ~ 0.9 mL, Midazolam 5 mg/mL 0.24 mL, Butorphanol 10 mg/mL 0.24 mL

Abnormal PE/Chem/CBC/UA Results: Abnormal Laboratory Findings Abnormal proBNP done at AERC. 11/18/25 - Superchem: NA/K ratio 31 (LOW). CBC: RBC 10.6 (HIGH). UA: Protein 2+ (HIGH), Occult Blood 3+ (HIGH), RBC 11-20 (HIGH). Please see attached records for more details.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (lb) | HR (BPM)                  | IVSd (mm)            | LVIDd (cm)      | LVWd (mm)       | FS (%)    | EF (%) |
|---------------------------|------------------|---------------------------|----------------------|-----------------|-----------------|-----------|--------|
| NORMAL PARAMETER          | -----            | 150-240                   |                      | 1.0-2.1         |                 | 35-67     | 80-100 |
| PATIENT                   | 6.95             | NM                        | 7.36                 | --              | 5.8 mm          | 33        | 66     |
| 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                   | --               | 1.48                      | 1.33                 | 0.63            | 0.65            | 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

**Cardiac Presentation**

The mitral valve leaflets are normal and there is no mitral regurgitation. The left atrial size is normal. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left



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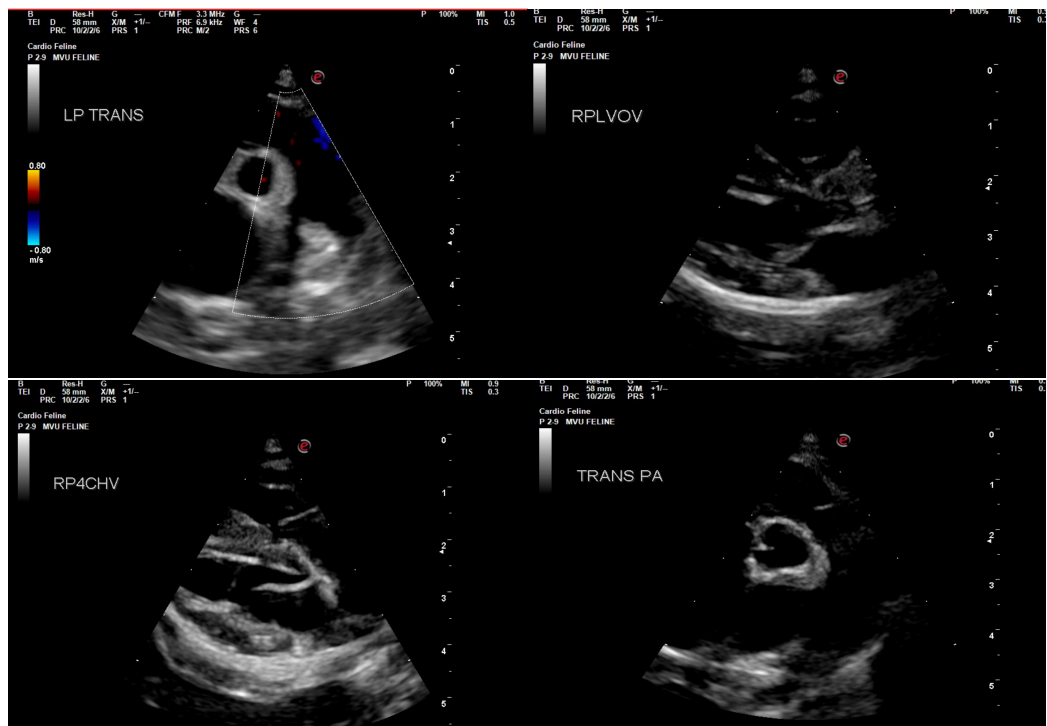
ventricular outflow tract obstruction. The left ventricular is partially compressed by the right ventricle, though the systolic function is within normal limits. There is no evidence of left ventricular concentric hypertrophy. There is an enlarged right atrial size with evidence of mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets though there is evidence of pulmonary hypertension on the images provided. The right ventricle appears dilated in structure and function subjectively. The aortic and pulmonic valves have normal morphology, though the pulmonary artery is subjectively significantly dilated. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

## ULTRASONOGRAPHIC FINDINGS

- There is significant dilation of the right atrium, the right ventricle, and the pulmonary with concomitant mild tricuspid valve regurgitation, potentially compatible with severe pulmonary hypertension.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further investigation should include a CT scan and a BAL, and testing for parasitic diseases as well. Management should be adjusted accordingly.





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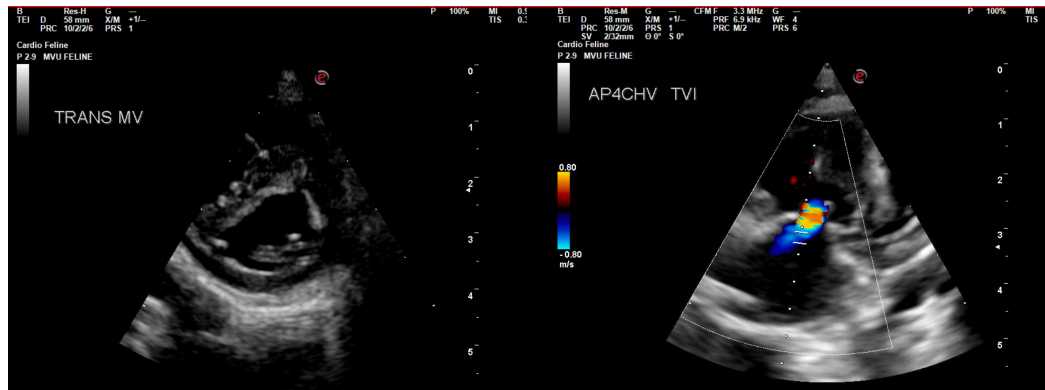
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Laurent Locquet, DVM MRCVS GPCert (VC) Diplomate ECVIM-CA**

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