



PATIENT

Taro Nguyen

SPECIES

Feline

BREED

BSH

SEX

MN

AGE

5 y

WEIGHT

12.9 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Chapman

INVOICE

DATE

1/13/26

PRESENTING CLINICAL SIGNS

BNP 355. Pre-anesthetic evaluation (COHAT).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though mild mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though mild aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm with rare VPCs

LA/Ao – 1.35
IVSd – 5.0 mm
LVPWd – 4.9 mm
LVIDd – 17.2 mm
LVIDs – 9.2 mm
FS – 46.5%
LVOT – 1.44 m/s
RVOT – 1.15 m/s

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild regurgitation of blood across Taro's mitral and aortic valves. The hemodynamic effects of the regurgitations also appear to be mild, as Taro does not have secondary dilation of either of his left heart chambers. As such, Taro's current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low.

Taro's ECG demonstrates the presence of rare VPCs. Mild ventricular arrhythmias are well-tolerated in cats, though careful monitoring for progression is recommended.

No therapy is recommended based on Taro's echocardiogram or ECG.

Taro's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol, as well as reducing the IV fluid rate by 15%. Careful monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

A recheck ECG is recommended in 2 months. A recheck echocardiogram is recommended in 9 months.



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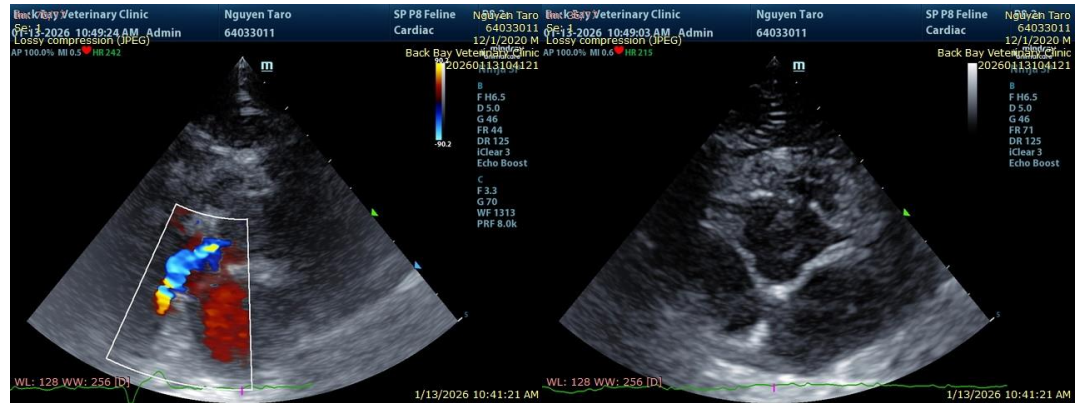
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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