



PATIENT

Shadow Kozlowski

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

10.6 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Greil

INVOICE

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Grade 3-4/6 parasternal murmur heard at previous vet. Murmur not auscultated at current practice. Pre-anesthetic evaluation.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

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

LA - 13.7 mm

IVSd - 4.3 mm

LVPWd - 4.5 mm

LVIDd - 10.3 mm

LVIDs - 4.1 mm

FS - 60%

RA - 11.1 mm

LVOT - 0.95 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 176 bpm

Rhythm: Sinus

Normal sinus rhythm is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild regurgitation of blood across Shadow's tricuspid valve. The hemodynamic effects of the regurgitation also appear to be mild, as Shadow does not have secondary dilation of either of his right heart chambers. As such, Shadow's current risk for the development of right-sided congestive heart failure appears to be low.

No abnormalities are appreciated in Shadow's ECG.

Shadow's cardiovascular risk for general anesthesia is low based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 10% as precautions.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9-12 months.



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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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