



PATIENT

Bella Morse

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 y

WEIGHT

12.7 lb

PRESENTING CLINICAL SIGNS

Grade 3/6 murmur. Hyperthyroid. BNP 146.

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 there is mildly increased flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao – 1.24
IVSd – 5.0 mm
LVPWd – 4.7 mm
LVIDd – 15.5 mm
LVIDs – 6.2 mm
FS – 60%
LVOT – 1.58 m/s
RVOT – 1.21 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McGarvey

INVOICE

DATE

11/10/25

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease. Bella's murmur appears to be due to the presence of mildly increased flow velocity in her aorta, which is a common reason for a functional/innocent murmur to develop in cats.

Bella's BNP elevation is likely secondary to her hyperthyroidism.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended if the characteristics of Bella's murmur change, or if other new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.



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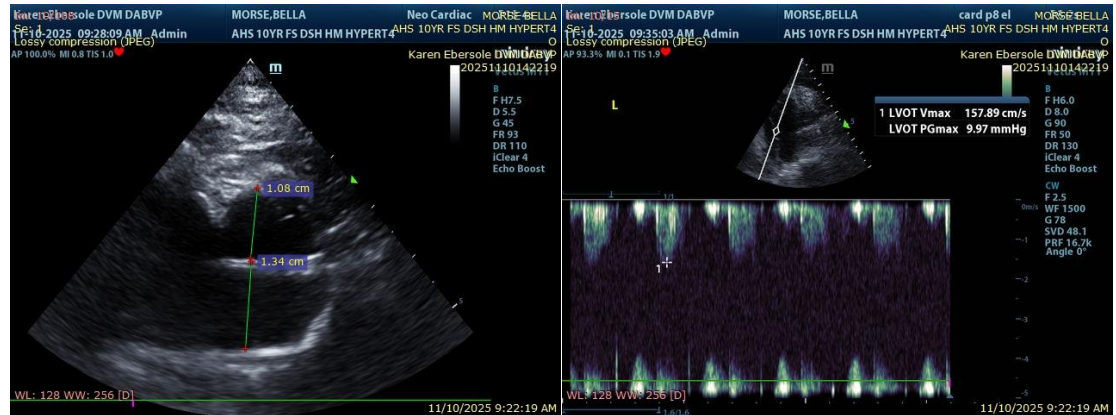
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com