



## PATIENT

Stevie Machado

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

5 y

## WEIGHT

15.3 lb

## PRESENTING CLINICAL SIGNS

Grade II/VI murmur.

## 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. There is dynamic obstruction to flow in the mid-left ventricle. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though very mild tricuspid regurgitation is present. The pulmonary artery and pulmonic are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao - 1.48

IVSd - 4.7 mm

LVPWd - 4.3 mm

LVIDd - 16.9 mm

LVIDs - 5.9 mm

FS - 65%

LVOT - 3.43 m/s

RVOT - 1.22 m/s

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

## HOSPITAL NAME

Scanvet

## REFERRING VET

Dr. Ring

## INVOICE

## DATE

11/14/25

## ASSESSMENT/RECOMMENDATIONS

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

Stevie's murmur actually appears to be due to the presence of mild dynamic obstruction to flow in his mid-left ventricle, which has developed secondary to hyperdynamic left ventricular systolic function.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9-12 months, sooner if new clinical signs compatible with cardiac dysfunction develop.



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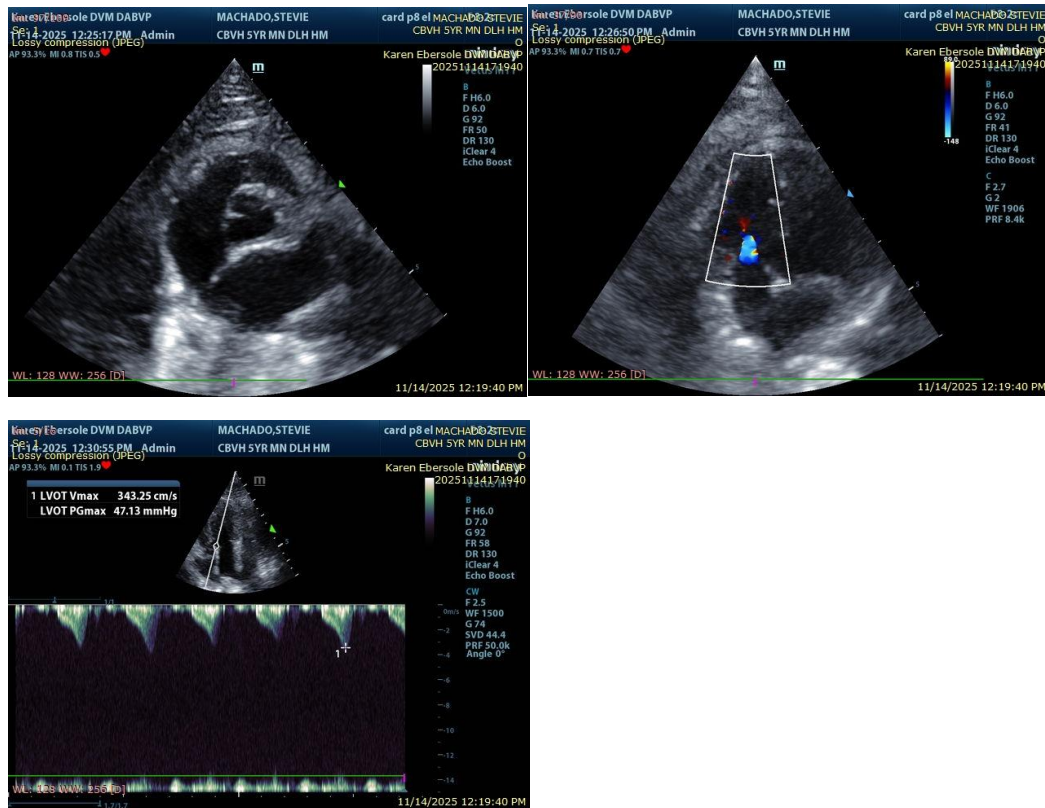
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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