



PATIENT

Clyde Rittershaus

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 y

WEIGHT

14.6 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

11/21/25

PRESENTING CLINICAL SIGNS

BNP 117 (125 in 2023; 80 in 2024). Rest of BW WNL. No murmur. Pre-anesthetic evaluation (COHAT).

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 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

LA - 13.8 mm

LA/Ao - 1.27

IVSd - 4.7 mm

LVPWd - 4.7 mm

LVIDd - 17.1 mm

LVIDs - 6.3 mm

FS - 63%

RA - 9.0 mm

LVOT - 1.22 m/s

RVOT - 0.92 m/s

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease. As such, no reason for Clyde's BNP elevation is appreciated in the image set. It's possible that the elevation could be a false positive, though the presence of hyperthyroidism and systemic hypertension should be excluded if not already performed.

No therapy is recommended based on this exam, and there is no contraindication to general anesthesia.

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop.



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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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