



PATIENT

Stevie Alfaro Henry

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

12 y

WEIGHT

11.77 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sager-Gellerman

INVOICE

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Grade II/VI murmur. BNP 956 (836 in 2023). CBC/Chem/T4 WNL. Previous echo showed borderline increase in LV wall thickness.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. There is mild hypertrophy of the left ventricular posterior wall. Interventricular septal wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is mildly 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/Ao – 1.31
IVSd – 5.2 mm
LVPWd – 6.2 mm
LVIDd – 12.2 mm
LVIDs – 5.5 mm
FS – 54.9%
LVOT – 0.81 m/s
RVOT – 1.07 m/s

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates mild hypertrophy of Stevie's left ventricular posterior wall, consistent with an asymmetric variant of HCM. The hemodynamic effects of the hypertrophy appear to be fairly mild at present, as Stevie does not have secondary dilation of her left atrium, indicating that her current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) 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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