



## PATIENT

Edgar Hohenstern

## SPECIES

Feline

## BREED

Mixed

## SEX

MN

## AGE

7 y

## WEIGHT

11.6 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Stephenson

## HOSPITAL NAME

Sweetwater VH

## REFERRING VET

Dr. Stephenson

## INVOICE

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

Murmur. ECG showed an LAFB. Thoracic radiographs showed mild generalized cardiomegaly.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal. 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. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao – 1.19  
IVSd – 5.3 mm  
LVPWd – 5.3 mm  
LVIDd – 13.2 mm  
LVIDs – 5.4 mm  
FS – 59%  
LVOT – 0.67 m/s  
RVOT – 0.96 m/s

## ASSESSMENT/RECOMMENDATIONS

This examination demonstrates no obvious evidence of structural heart disease. While a definitive reason for Edgar's murmur was not identified, the hemodynamic effects of any possible flow abnormality that could be present would be mild, as he does not have secondary dilation or hypertrophy of any of his cardiac chambers.

The absence of abnormalities in this exam indicates that Edgar's left anterior fascicular block appears to be a normal variant.

No therapy is recommended based on this exam.

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



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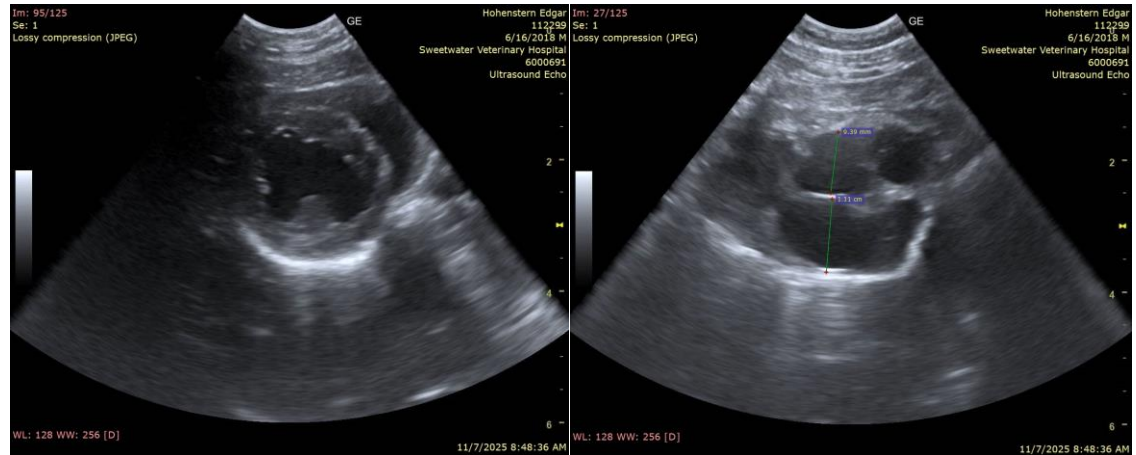
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)