

## PATIENT

Juju Yankello

## SPECIES

Feline

## BREED

DLH

## SEX

FS

## AGE

10 y

## WEIGHT

17.6 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

## HOSPITAL NAME

Back Bay VC

## REFERRING VET

Dr. Sager-Gellerman

## INVOICE

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

Previous echo showed mild tricuspid regurgitation.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 4/11/25.

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 appears normal, though mild jet tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA/Ao – 1.22 (prev. 1.18)

IVSd – 4.7 mm

LVPWd – 4.9 mm

LVIDd – 13.6 mm (prev. 13.5 mm)

LVIDs – 4.4 mm (prev. 4.2 mm)

FS – 67.6% (prev. 68.9%)

LVOT – 1.35 m/s (prev. 1.17 m/s)

RVOT – 0.90 m/s (prev. 1.14 m/s)

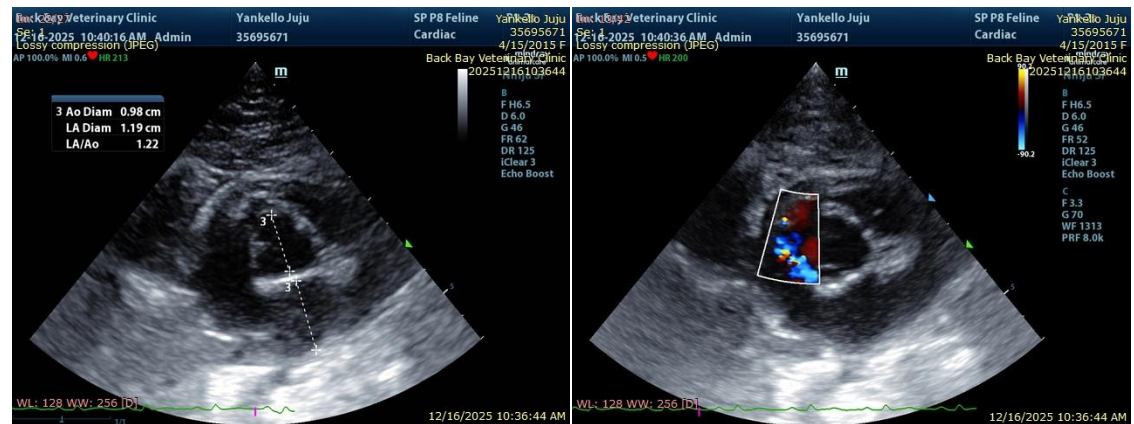
TR – 1.36 (prev. 2.07 m/s)

## ASSESSMENT/RECOMMENDATIONS

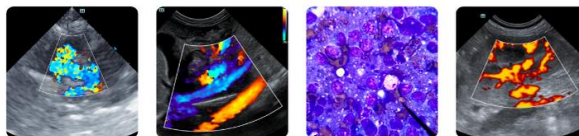
This examination demonstrates no progressive tricuspid regurgitation over the past 8 months. As such, Juju's current risk for the development of right-sided congestive heart failure still appears to be low.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9 months.



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



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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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