



## PATIENT

Morticia Nath (SPCA)

## SPECIES

Feline

## BREED

DSH

## SEX

F

## AGE

5 mo

## WEIGHT

3.2 kg

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Dr. Brian Barnes

## HOSPITAL NAME

Westview VH

## REFERRING VET

Dr. Barnes

## INVOICE

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

Grade 4-5/6 holosystolic right basilar murmur. Pre-anesthetic evaluation (spay).

## 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 mildly hyperdynamic. There is shunting of blood from the left ventricle to the right ventricular outflow tract through a perimembranous ventricular septal defect. The velocity of flow through the shunt is consistent with a restrictive defect. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 13.5 mm  
IVSd - 3.8 mm  
LVPWd - 3.9 mm  
LVIDd - 13.0 mm  
LVIDs - 6.0 mm  
FS - 53.8%  
RA - 11.2 mm  
LVOT - 1.45 m/s  
RVOT - 1.37 m/s  
VSD - 5.05 m/s

## ASSESSMENT/RECOMMENDATIONS

Ventricular septal defect (VSD)

This examination demonstrates left-to-right shunting of blood through a perimembranous VSD. The velocity of flow through the shunt suggests that it is small and restrictive, and Morticia does not have secondary dilation of either of her left heart chambers, indicating that her current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low. Most cats with restrictive VSDs will tolerate their shunt well, though some can develop relevant left-sided volume overload, and careful monitoring for this is recommended going forward.

Morticia's cardiovascular risk for general anesthesia is mildly increased based on this exam, and I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 25% as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended at this stage of disease.

A recheck echocardiogram is recommended in 6 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) develop.



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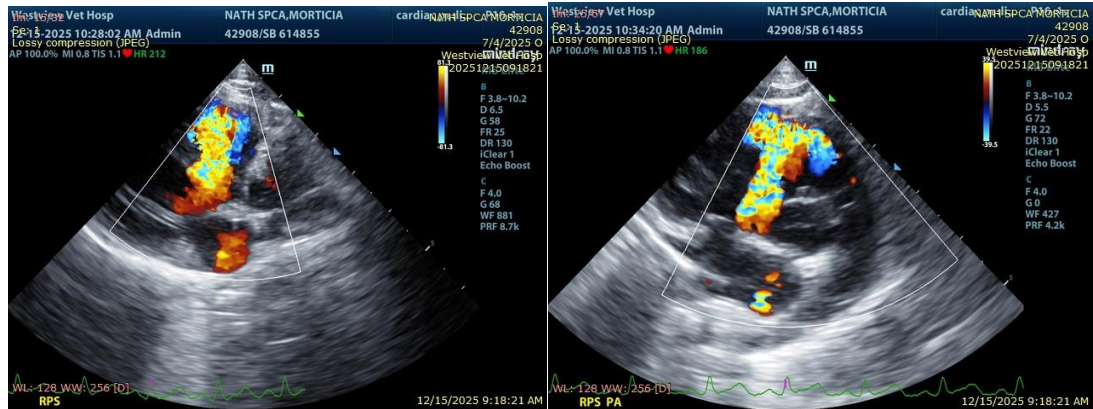
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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