



PATIENT

Halo Beck

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 y

WEIGHT

6.84 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Greg Kuhlman

HOSPITAL NAME

Red River Animal
Emerg. Hosp. and
Referral Center

REFERRING VET

Dr. Kuhlman

INVOICE

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Grade 2/6 right-sided murmur. BNP 447. Bun 39, Cr 1.8. T4 WNL. BP 116 mmHg. Pre-anesthetic evaluation (dental).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though very mild mitral regurgitation is present. There is mild left ventricular hypertrophy. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA/Ao – 1.27
IVSd – 6.2 mm
LVPWd – 6.0 mm
LVIDd – 14.9 mm
LVIDs – 5.1 mm
FS – 65.8%
RA – 20.5 mm
RVOT – 1.08 m/s

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

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

The only possible cause of a murmur in this exam is very mild regurgitation of blood across Halo's mitral valve.

No therapy is recommended based on this exam.

Halo's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. 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%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

A recheck echocardiogram is recommended in 6-9 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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