



## PATIENT

Static Strong

## SPECIES

Feline

## BREED

DLH

## SEX

FS

## AGE

14 y

## WEIGHT

11 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

South Reno Veterinary

## REFERRING VET

Dr. Schmitt

## INVOICE

## DATE

12/23/25

## PRESENTING CLINICAL SIGNS

Possible bulging of heart in radiographs. More lethargic, episodes of vocalizing during the night, weight loss.

## 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. A moderator band (part of conduction system) is visible coursing parallel to the interventricular septum and inserting into the basilar portion of the septum. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

LA – 14.6 mm  
IVSd – 4.7 mm  
LVPWd – 4.8 mm  
LVIDd – 13.7 mm  
LVIDs – 7.9 mm  
FS – 42.3%  
RA – 12.1 mm  
LVOT – 0.82 m/s  
RVOT – 0.60 m/s  
TR – 2.30 m/s

## ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 150 bpm  
Rhythm: Sinus

Normal sinus rhythm is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

## ASSESSMENT/RECOMMENDATIONS

Static's echocardiogram demonstrates mild regurgitation of blood across her tricuspid valve. The hemodynamic effects of the regurgitation also appear to be mild, as Static does not have secondary dilation of either of her right heart chambers. As such, her current risk for the development of right-sided congestive heart failure appears to be low.

I agree that Static's cardiac silhouette is mildly enlarged in her radiographs, however, this is likely artifactual, as no evidence of cardiac chamber enlargement or hypertrophy is appreciated in her echocardiogram.

No abnormalities are appreciated in Static's ECG.

No therapy is recommended based on this exam.



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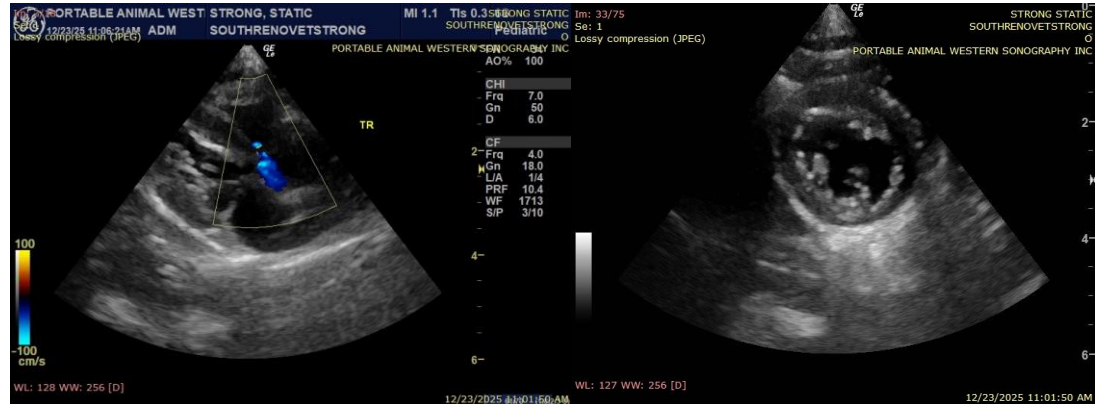
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A recheck echocardiogram is recommended in 9 months.



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 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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