



PATIENT

Cleopatra Gupta

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 y

WEIGHT

11 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Gragam Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Gurian

INVOICE

DATE

12/5/25

PRESENTING CLINICAL SIGNS

Grade II/VI parasternal murmur. BNP 142. Pre-anesthetic evaluation (COHAT).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. 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 is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA/Ao – 1.35

IVSd – 4.0 mm

LVPWd – 3.9 mm

LVIDd – 15.0 mm

LVIDs – 4.9 mm

FS – 67.3%

LVOT – 0.80 m/s

RVOT – 0.88 m/s

TR – 2.70 m/s

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease, as trace mitral regurgitation can be considered a normal physiologic variant. As such, no reason for Cleopatra's elevated BNP level is appreciated in the image set. It's possible that the elevation could be a false positive, though consideration should also be given to azotemia, hyperthyroidism, and hypertension as possible causes.

No therapy is recommended based on this exam, nor is there a contraindication to general anesthesia.

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