



## PATIENT

Dori Sheffield

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

17 y

## WEIGHT

6.1 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

## HOSPITAL NAME

Scanvet

## REFERRING VET

Dr. McGarvey

## INVOICE

## DATE

12/8/25

## PRESENTING CLINICAL SIGNS

New low-grade murmur. BNP 628. Recently diagnosed with hyperthyroidism and early CKD.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though mild mitral regurgitation is present. There is borderline mild hypertrophy of the interventricular septum. Left ventricular posterior 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 – 1.24

IVSd – 5.9 mm

LVPWd – 4.5 mm

LVIDd – 9.9 mm

LVIDs – 3.2 mm

FS – 67.7%

LVOT – 0.83 m/s

RVOT – 0.88 m/s

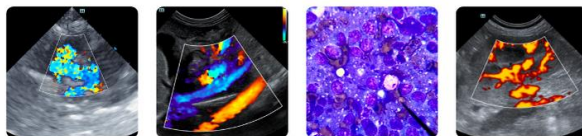
## ASSESSMENT/RECOMMENDATIONS

This examination demonstrates borderline mild hypertrophy of Dori's interventricular septum, as well as mild regurgitation of blood across her mitral valve. It's possible that Dori's borderline hypertrophy could be due to the presence of hypertrophic cardiomyopathy (HCM), however, her hyperthyroidism, systemic hypertension, and a normal variant should also be considered as possible causes. The hemodynamic effects of the borderline hypertrophy and mitral regurgitation appear to be mild, as Dori does not have secondary dilation of her left atrium, indicating that her current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low.

A blood pressure measurement is recommended.

No therapy is recommended based on this exam.

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



### PATIENT

Dori Sheffield

### SPECIES

Feline

### BREED

DSH

### SEX

FS

### AGE

17 y

### WEIGHT

6.1 lb

### INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

### IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

### HOSPITAL NAME

Scanvet

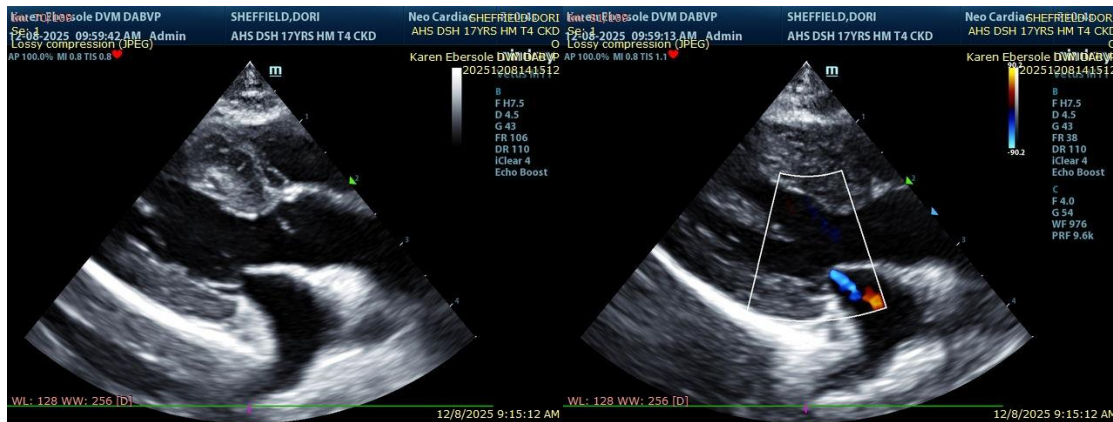
### REFERRING VET

Dr. McGarvey

### INVOICE

### DATE

12/8/25



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)

[info@SonoPath.com](mailto:info@SonoPath.com)