

PATIENT

Sonny Dicke

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 y

WEIGHT

12.81 lb

PRESENTING CLINICAL SIGNS

Stable grade 3/6 murmur for years. Pre-anesthetic evaluation (COHAT/mass removal). BNP 68.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA/Ao – 1.06

IVSd – 4.5 mm

LVPWd – 5.3 mm

LVIDd – 13.9 mm

LVIDs – 7.2 mm

FS – 48%

RVOT – 0.71 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease. While a definitive reason for Sonny's murmur was not identified, it's likely that his murmur is functional/innocent in nature, as no flow abnormalities that could result in the development of a pathologic murmur were appreciated in the image set.

No therapy is recommended based on this exam, and there is no contraindication to general anesthesia.

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Seven Valleys VH

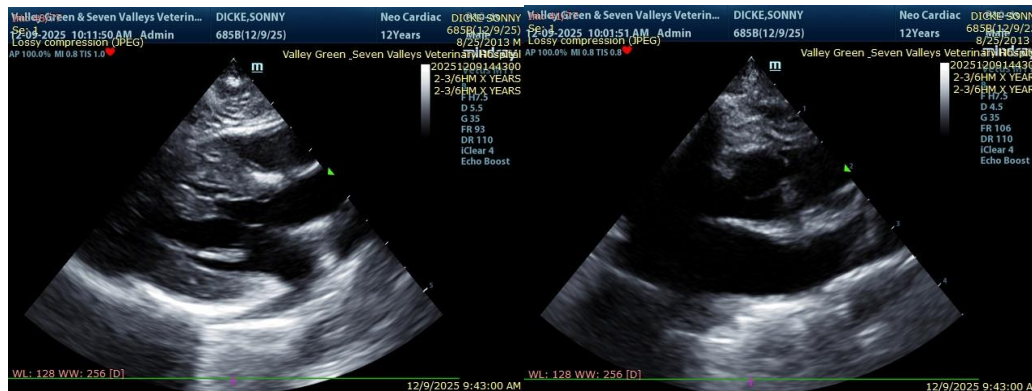
REFERRING VET

Dr. Deihl

INVOICE

DATE

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The information and recommendations provided are based on the images presented by the referring



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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