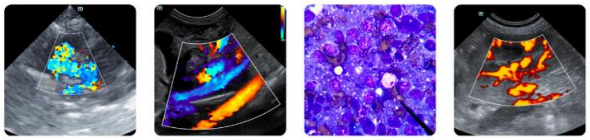


PATIENT
Tater Furlotte

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
3 y

WEIGHT
8.95 kg

INTERPRETED BY
Keith Blass, DVM, MS, DACVIM (Cardiology)

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Barnes

INVOICE

DATE
12/9/25

PRESENTING CLINICAL SIGNS
Grade 2-3/6 murmur. Intermittent dropped beats. BNP 442.

ECHOCARDIOGRAPHIC FINDINGS
2D, M-mode, and Doppler study.

Left atrial size is normal. There is mild left ventricular hypertrophy. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. There is systolic anterior motion of the mitral valve leaflets creating milddynamic obstruction to flow in the left ventricular outflow tract, with mild secondary mitral regurgitation. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. 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 – 1.38
IVSd – 6.4 mm
LVPWd – 6.2 mm
LVIDd – 19.2 mm
LVIDs – 8.3 mm
FS – 56.8%
LVOT – 1.95 m/s
RVOT – 0.70 m/s

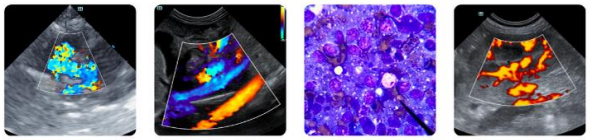
ASSESSMENT/RECOMMENDATIONS
Hypertrophic obstructive cardiomyopathy (HOCM)

This examination demonstrates mild hypertrophy of Tater's left ventricular walls, consistent with the presence of HCM. Associated with his hypertrophy, Tater has systolic anterior motion (SAM) of his mitral valve leaflets, which is creating mild dynamic obstruction to flow in his left ventricular outflow tract. The hemodynamic effects of Tater's disease appear to be fairly mild, as Tater 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 low.

No therapy is recommended at this stage of disease.

A recheck echocardiogram is recommended in 6 months to monitor for disease progression.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Tater Furlotte

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

3 y

WEIGHT

8.95 kg

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

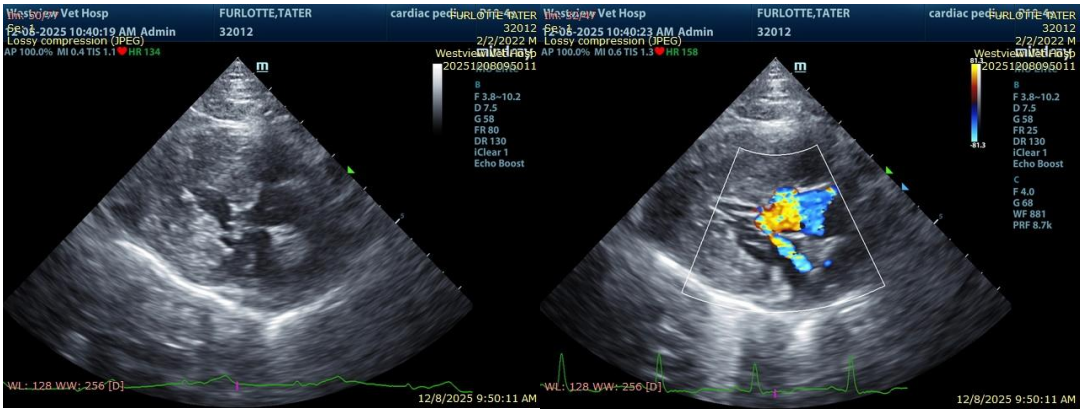
REFERRING VET

Dr. Barnes

INVOICE

DATE

12/9/25



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