



## PATIENT

Sophie Jensen

## SPECIES

Feline

## BREED

Siberian

## SEX

FS

## AGE

13 y

## WEIGHT

11 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Rebecca Hamilton

## HOSPITAL NAME

American AH

## REFERRING VET

Dr. Stocknel

## INVOICE

## DATE

2/25/26

## PRESENTING CLINICAL SIGNS

Grade 2/6 murmur. Pre-anesthetic evaluation (dental).

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild to moderate left atrial dilation. The mitral valve appears normal, though mild mitral regurgitation is present. There is mild hypertrophy of the left ventricular posterior wall. Interventricular septal 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 appears normal, though mild tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA/Ao - 1.93

IVSd - 4.2 mm

LVPWd - 6.2 mm

LVIDd - 10.5 mm

LVIDs - 4.2 mm

FS - 60%

LVOT - 0.95 m/s

RVOT - 0.73 m/s

TR - 2.46 m/s

## ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates mild hypertrophy of Sophie's left ventricular posterior wall, which is very likely consistent with the presence of HCM, though systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. Secondary to her hypertrophy, Sophie has mild to moderate dilation of her left atrium. Given this, Sophie is at moderately increased risk for the development of congestive heart failure and mildly to moderately increased risk for thromboembolic disease, therefore, careful monitoring for these is recommended.

Sophie's cardiovascular risk for general anesthesia is moderately increased based on this exam, therefore, precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

Once Sophie has fully recovered from her dental procedure, I recommend starting her on clopidogrel (18.75 mg SID), as this medication should help to reduce her risk for cardiac thrombus formation.

A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Sophie experiences difficulty breathing.



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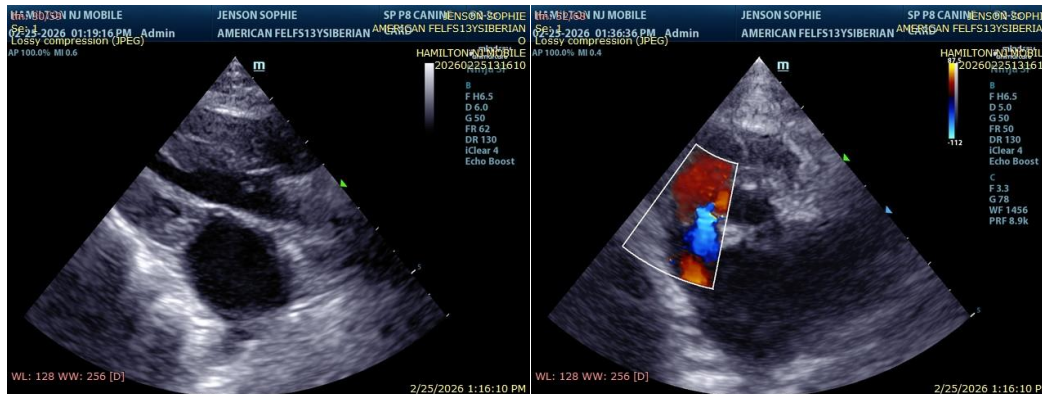
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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