



PATIENT

Midge Wirth

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 y

WEIGHT

7.5 lb

PRESENTING CLINICAL SIGNS

New grade 2/6 sternal systolic murmur.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. There is mild dynamic obstruction to flow in the right ventricular outflow tract. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 16.3 mm
IVSd - 4.7 mm
LVPWd - 5.2 mm
LVIDd - 16.7 mm
LVIDs - 8.5 mm
FS - 49%
RA - 10.2 mm
LVOT - 1.05 m/s
RVOT - 1.50 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Ouelette

INVOICE

DATE

3/2/26

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild dilation of Midge's left atrium, with differentials for this finding including a restrictive cardiomyopathy (RCM) and an atrial myopathy. As only mild dilation is present, Midge's current risk for the development of congestive heart failure and/or thromboembolic disease appears to be relatively low, though careful monitoring for labored breathing and/or limb paralysis is recommended going forward.

Midge's murmur appears to be due to the presence of mild dynamic obstruction to flow in her right ventricular outflow tract, which is a common reason for a functional/innocent murmur to develop in cats.

No therapy is recommended at this stage of disease.

A recheck echocardiogram is recommended in 6 months, sooner if new clinical signs compatible with cardiac dysfunction develop.



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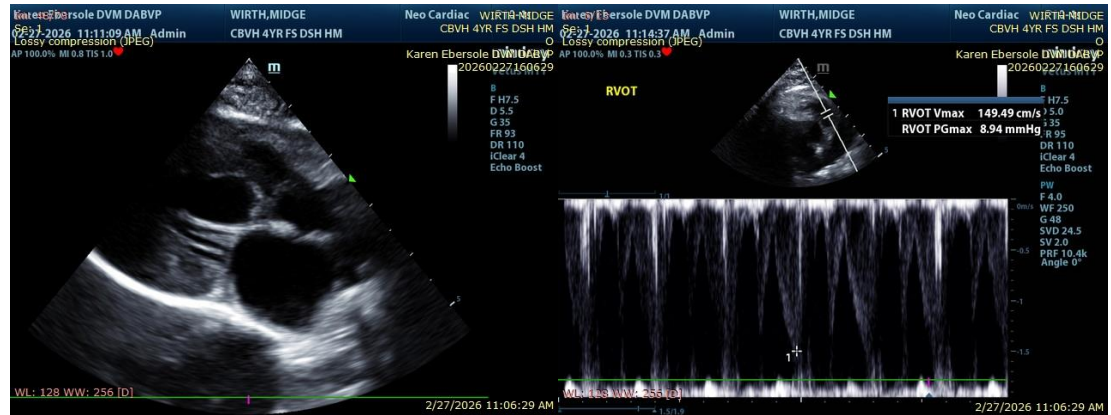
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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