



## PATIENT

Ted Latil

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

14 y

## WEIGHT

14.7 lb

## PRESENTING CLINICAL SIGNS

Historic intermittent murmur. Increased BNP (180). BUN 38, Cr 1.9. Pre-anesthetic evaluation (dental).

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA - 16.1 mm

LA/Ao - 1.69

IVSd - 5.2 mm

LVPWd - 5.0 mm

LVIDd - 15.1 mm

LVIDs - 5.6 mm

FS - 62.9%

RA - 9.6 mm

LVOT - 1.68 m/s

RVOT - 1.32 m/s

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

## HOSPITAL NAME

Scanvet

## REFERRING VET

Dr. Golden

## INVOICE

## DATE

3/26/26

## ASSESSMENT/RECOMMENDATIONS

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

Ted's murmur is due to the presence of mildly increased flow velocity in his aorta, which is a common reason for a functional/innocent murmur.

A T4 level is recommended.

Ted's cardiovascular risk for general anesthesia is mildly to 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 Ted has recovered from anesthesia, I recommend starting him on clopidogrel (18.75 mg SID), as this medication should help to reduce his risk for cardiac thrombus formation.

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



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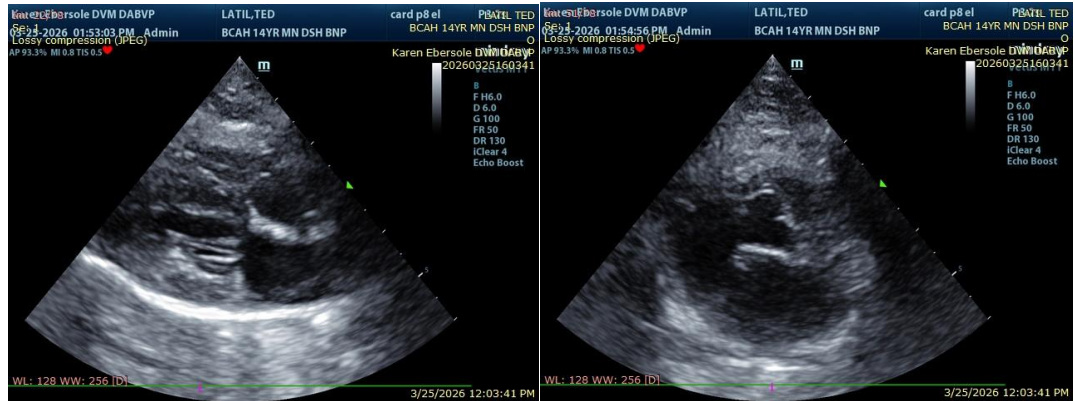
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)