



PATIENT

Milo Carleu

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

5 y

WEIGHT

13.6 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-
Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Gurian

INVOICE

DATE

3/27/26

PRESENTING CLINICAL SIGNS

Recheck HCM. Asymptomatic. Sedated with butorphanol and alfaxalone.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 1/31/25.

There is mild to moderate left atrial dilation. The mitral valve appears normal, though trace mitral regurgitation is present. There is mild hypertrophy of the basilar-most portion of the interventricular septum. The remainder of the septum and left ventricular posterior wall are normal in thickness. 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 appears normal, though mild tricuspid regurgitation is present. 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 – 1.46 (prev. 1.37)
IVSd – 6.2 mm (prev. 6.2 mm)
LVPWd – 4.5 mm (prev. 4.4 mm)
LVIDd – 17.0 mm (prev. 16.8 mm)
LVIDs – 8.2 mm (prev. 8.4 mm)
FS – 51.8% (prev. 50%)
LVOT – 0.83 m/s (prev. 1.22 m/s)
RVOT – 0.80 m/s (prev. 1.11 m/s)

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates no progressive left ventricular hypertrophy over the past year. As Milo still does not have secondary dilation of his left atrium, his current risk for the development of left-sided congestive heart failure and/or thromboembolic disease still appears to be fairly low.

Also seen in this exam is mild regurgitation of blood across Milo's tricuspid valves. The hemodynamic effects of the regurgitation are negligible at present, though monitoring for progression is recommended.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) develop.



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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