



## PATIENT

Mr. Nimbus Darling

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

~2 y

## WEIGHT

8.5 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

## HOSPITAL NAME

Scanvet

## REFERRING VET

Dr. Chadbourne

## INVOICE

## DATE

3/30/26

## PRESENTING CLINICAL SIGNS

Grade 3/6 parasternal holosystolic murmur. Pre-anesthetic evaluation (neck mass removal).

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. There is mild hypertrophy of the interventricular septum. Left ventricular posterior wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. There is systolic anterior motion of the mitral valve leaflets creating mild dynamic 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 is normal. The pulmonary artery and pulmonary valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 13.8 mm

LA/Ao - 1.31

IVSd - 6.1 mm

LVPWd - 5.3 mm

LVIDd - 16.0 mm

LVIDs - 7.7 mm

FS - 51.9%

RA - 10.3 mm

LVOT - 1.66 m/s

RVOT - 1.07 m/s

## ASSESSMENT/RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HOCM)

This examination demonstrates mild hypertrophy of Mr. Nimbus's interventricular septum, consistent with the presence of HCM. Associated with his hypertrophy, Mr. Nimbus 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 the hypertrophy appear to be mild at present, as Mr. Nimbus 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 fairly low.

Mr. Nimbus's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol, as well as reducing the IV fluid rate by 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended at this stage of disease.

A recheck echocardiogram is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) develop.



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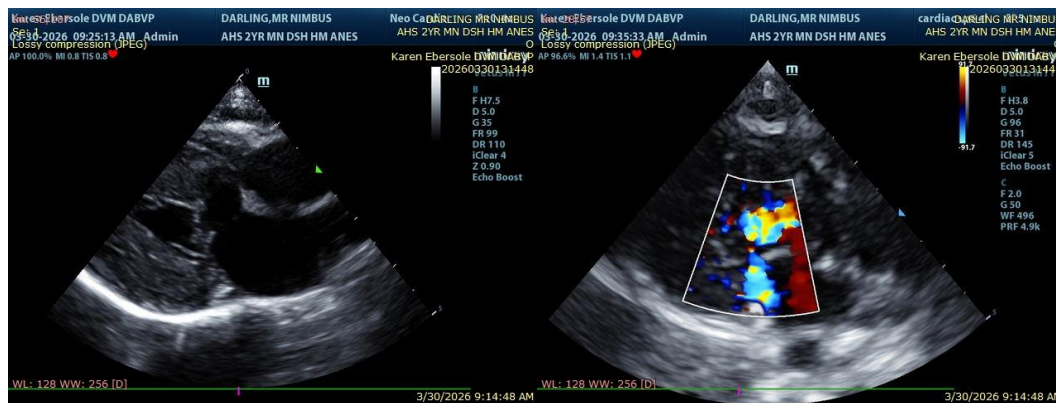
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)