



## PATIENT

Loki Hamel

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

13 y

## WEIGHT

12 lb

## PRESENTING CLINICAL SIGNS

BNP 355. Pre-anesthetic evaluation (dental).

## 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 appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao - 1.47

IVSd - 4.5 mm

LVPWd - 4.5 mm

LVIDd - 16.8 mm

LVIDs - 6.4 mm

FS - 61.9%

LVOT - 1.54 m/s

RVOT - 1.25 m/s

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

## HOSPITAL NAME

Scanvet

## REFERRING VET

Dr. Cleary

## INVOICE

## DATE

3/4/26

## ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease, as trace valvular regurgitation can be considered a normal physiologic variant. As such, no reason for Loki's BNP elevation is appreciated in the image set. It's possible that the result could be a false positive, though consideration should also be given to azotemia, hyperthyroidism, and systemic hypertension as possible causes.

No therapy is recommended based on this exam, and there is no contraindication to general anesthesia.

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.



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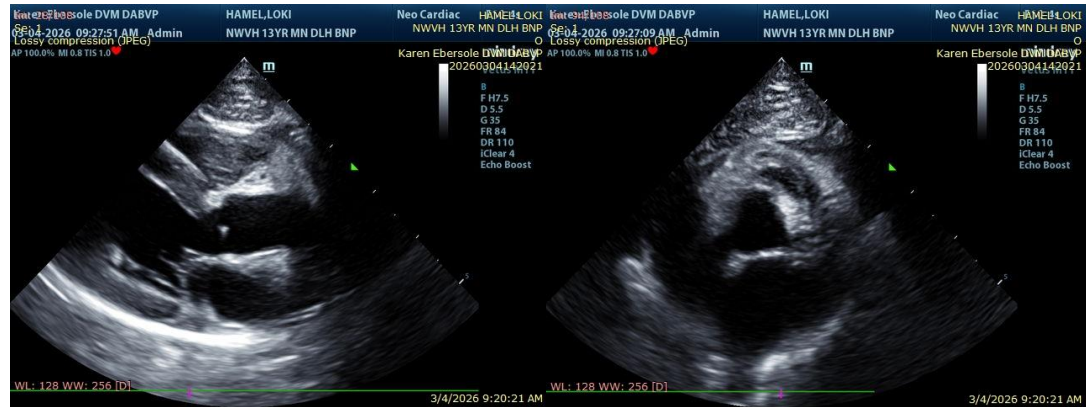
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)