



PATIENT

Chutney Jack Krakoff

SPECIES

Feline

BREED

Maine Coon Mix

SEX

MN

AGE

15 y

WEIGHT

11.3 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-
Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Wheeler

INVOICE

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Intermittent grade 2/6 murmur, progressive BNP elevation (571). Diagnosed with LVOTO in 7/22. Most recent echo in 5/25 showed mild fibrosis of LV wall, likely age-related. BP 160 mmHg.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 5/16/25.

Left atrial size is normal. The mitral valve is normal. There is mild hypertrophy of the left ventricular posterior wall. Interventricular septal wall thickness is normal. The left ventricular endocardium is mildly hyperechoic. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. 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 pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA/Ao – 1.18 (prev. 1.18 m/s)
IVSd – 5.3 mm (prev. 4.0 mm)
LVPWd – 6.2 mm (prev. 4.0 mm)
LVIDd – 13.9 mm (prev. 13.2 mm)
LVIDs – 5.2 mm (prev. 4.9 mm)
FS – 62.6% (prev. 62.9%)
LVOT – 0.91 m/s (prev. 0.73 m/s)
RVOT – 0.83 m/s (prev. 0.79 m/s)

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates mild hypertrophy of Chutney Jack's left ventricular posterior wall, consistent with the presence of HCM. The hemodynamic effects of the hypertrophy appear to be mild, as Chutney Jack does not have secondary dilation of his left atrium, indicating that his current risk for the development of left-sided congestive heart failure and/or thromboembolic disease appears to be low.

Chutney's murmur appears to be due to the presence of mild tricuspid regurgitation.

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)

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