

PATIENT

Toto Peterson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3 y

WEIGHT

8.34 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Christopher
Roberts

HOSPITAL NAME

Kentown AH

REFERRING VET

Dr. Roberts

INVOICE

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Abnormal BNP. Occasional cough.

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 appears normal, though trace mitral regurgitation is present. Left ventricular wall thickness is normal. 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 trace 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.

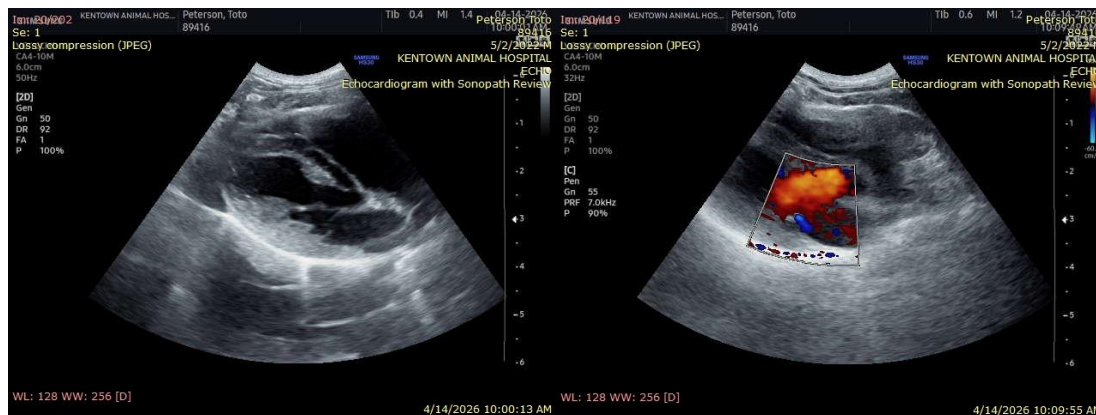
LA - 13.7 mm
LA/Ao - 1.35
IVSd - 4.6 mm
LVPWd - 4.6 mm
LVIDd - 17.6 mm
LVIDs - 9.8 mm
FS - 44.3%
RA - 12.0 mm
LVOT - 0.88 m/s
RVOT - 0.78 m/s

ASSESSMENT/RECOMMENDATIONS

The only potential abnormality seen in this exam is trace regurgitation of blood across Toto's mitral and tricuspid valves, which could potentially be normal physiologic variants. The hemodynamic effects of the regurgitations are negligible, and Toto's cardiac function appears to be well-compensated.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended if Toto develops a murmur, or if other new physical exam and/or clinical signs compatible with cardiac dysfunction 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