



## PATIENT

Joao Mota

## SPECIES

Feline

## BREED

Maine Coon

## SEX

MI

## AGE

1 y

## WEIGHT

6.73 kg

## PRESENTING CLINICAL SIGNS

Littermate was recently diagnosed with a soft tissue structure extending from the basilar IVS creating DLVOTO and borderline mild LAE.

## 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 mildly 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 shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao – 1.34

IVSd – 4.2 mm

LVPWd – 4.2 mm

LVIDd – 18.2 mm

LVIDs – 8.2 mm

FS – 54.9%

LVOT – 1.36 m/s

RVOT – 0.80 m/s

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Amanda Stewart

## HOSPITAL NAME

Main St. AH

## REFERRING VET

Dr. Murphy

## INVOICE

## DATE

4/16/26

## ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild regurgitation of blood across Joao's tricuspid valve. The hemodynamic effects of the regurgitation also appear to be mild, as Joao does not have secondary dilation of either of his right heart chambers. As such, Joao's current risk for the development of right-sided congestive heart failure appears to be low.

No therapy is recommended based on this exam.

Joao's cardiovascular risk for general anesthesia is only mildly increased based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 15% as precautions.

A recheck echocardiogram is recommended in ~9 months.



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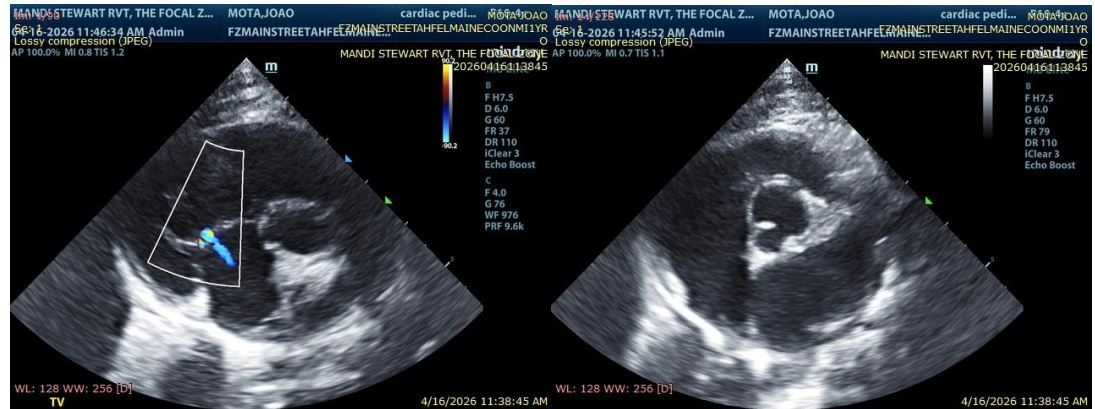
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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