



## PATIENT

Spruce Roff

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

5 y

## WEIGHT

10 lb

## PRESENTING CLINICAL SIGNS

Grade II/VI murmur. fTnl 0.31. Hyperthyroid. Wet-sounding cough.

## 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 hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 12.7 mm  
IVSd - 3.5 mm  
LVPWd - 3.7 mm  
LVIDd - 14.1 mm  
LVIDs - 5.8 mm  
FS - 58.9%  
RA - 9.8 mm  
LVOT - 1.17 m/s  
RVOT - 0.74 m/s

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Arielle Roldan, CVT

## HOSPITAL NAME

Milford AH

## REFERRING VET

Dr. Grasso

## INVOICE

## DATE

4/17/26

## ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease. While a definitive reason for Spruce's murmur was not identified, it appears that her murmur is functional/innocent in nature, as no flow abnormalities that could result in the development of a pathologic murmur were appreciated in the image set.

No reason for Spruce's cough or elevated troponin level is appreciated in this exam.

Thoracic radiographs may be warranted to further evaluate Spruce's cough.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended if the characteristics of Spruce's murmur change, or if other new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.



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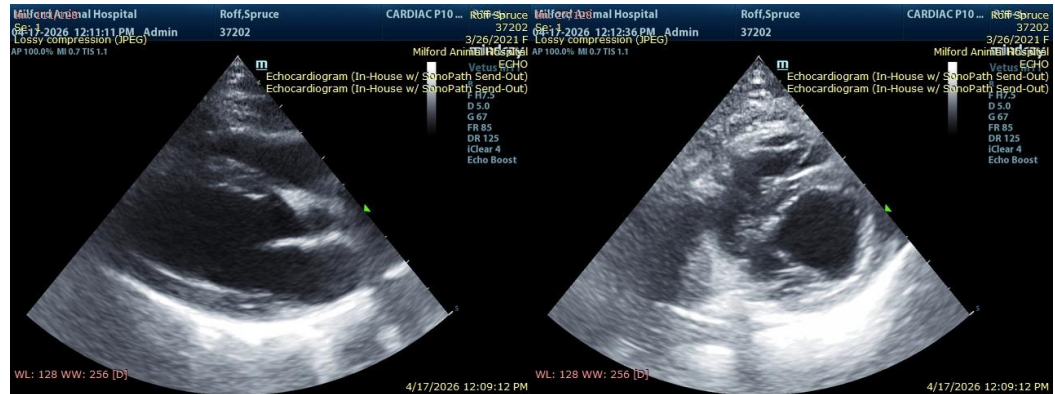
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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