



PATIENT

Marley Hagen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 y

WEIGHT

5.65 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main St AH

REFERRING VET

Dr. Veysey

INVOICE

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Decreased energy and increased lethargy, inappetence. Mild tachycardia, breathing with elbows abducted with a mild component of abdominal breathing. Receiving furosemide 10 mg BID, pimobendan 12.5 mg BID, and clopidogrel 18.75 mg SID as a precaution.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. There is mild dynamic obstruction to flow in the left ventricular outflow tract. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. There is mild dynamic obstruction to flow in the right ventricular outflow tract. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao – 1.37
IVSd – 5.1 mm
LVPWd – 5.4 mm
LVIDd – 14.5 mm
LVIDs – 6.6 mm
FS – 54.5%
RA – 16.4 mm
LVOT – 2.64 m/s
RVOT – 2.08 m/s

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates no evidence of structural heart disease. While I don't see a reason for Marley's abdominal breathing and other clinical signs in his radiographs, there is no evidence of cardiogenic pulmonary edema or pleural effusion in them, which correlates with the absence of abnormalities in Marley's echocardiogram.

Marley does have mild dynamic obstruction to flow in both of his outflow tracts, which could potentially result in the development of a functional/innocent murmur.

No cardiac therapy appears to be warranted based on this exam and Marley's radiographs.

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



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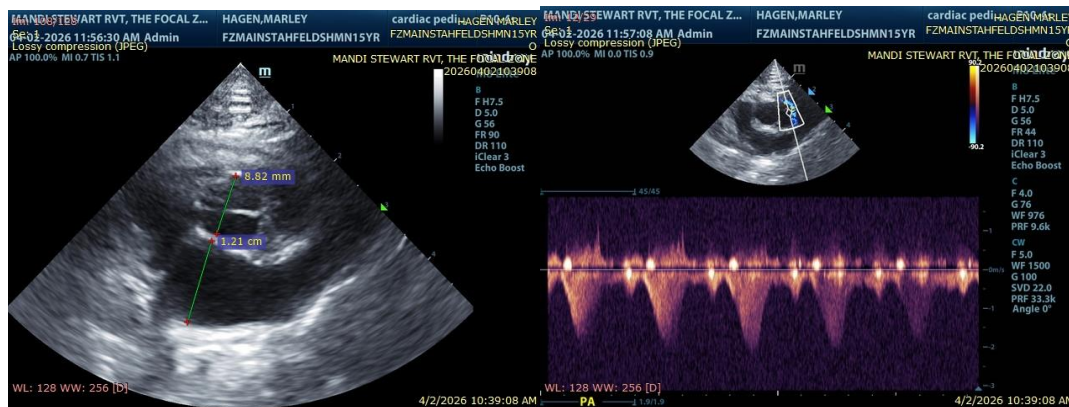
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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