



PATIENT

Pedro Mota

SPECIES

Feline

BREED

Maine Coon

SEX

MI

AGE

1 y

WEIGHT

6.29 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main St AH

REFERRING VET

Dr. Murphy

INVOICE

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Grade 3/6 left parasternal murmur. Pre-anesthetic evaluation (neuter).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is borderline mild left atrial dilation. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular wall thickness is normal. There is mild left ventricular dilation. There is soft tissue structure extending from the base of the interventricular septum into the left ventricular outflow tract creating mild obstruction to flow in the outflow tract. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. 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/Ao – 1.50

IVSd – 4.2 mm

LVPWd – 4.0 mm

LVIDd – 20.6 mm

LVIDs – 11.2 mm

FS – 45.6%

RA – 16.4 mm

LVOT – 2.63 m/s

RVOT – 1.08 m/s

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates the presence of a soft tissue structure extending from Pedro's basilar interventricular septum into his left ventricular outflow tract, and is causing mild obstruction to flow in the outflow tract. While the appearance of the structure does not appear to be typical of focal basilar hypertrophy that can be seen with hypertrophic cardiomyopathy (HCM), it's possible that it could be, as the alternative, which would be a fibrous lesion of subaortic stenosis, is very rare in cats. In any case, as the obstruction is mild, Pedro's current risk for the development of syncope appears to be low, and the presence of only borderline mild secondary left atrial dilation indicates that his risk for the development of congestive heart failure and/or thromboembolic disease appears to be relatively low.

Pedro's cardiovascular risk for general anesthesia is mildly to moderately increased based on this exam, therefore, precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, acepromazine, and, if possible, anticholinergics in the anesthetic protocol, as well as reducing the IV fluid rate by 25-50% and pre-oxygenating Pedro for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended at this time.

A recheck echocardiogram is recommended in 6 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) develop.



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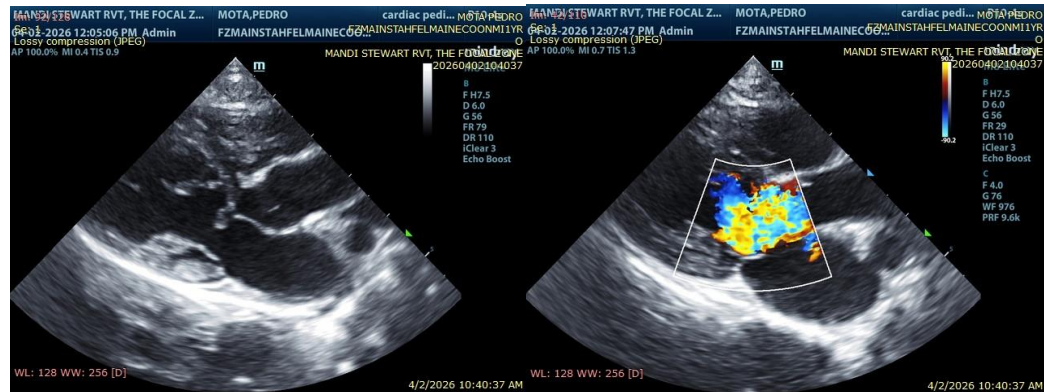
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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