

PATIENT

Jax Domski

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 y

WEIGHT

11.25 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Dr. Grasso

INVOICE

DATE

4/29/26

PRESENTING CLINICAL SIGNS

Abnormal fTnI and NT-proBNP. Gray zone for hyperthyroidism. Pre-anesthetic evaluation (dental).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. There is mild hypertrophy of the basilar portion of the interventricular septum at an attachment site of a left ventricular moderator band. Left ventricular posterior wall thickness is normal. Left ventricular 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 or pleural effusion is seen.

LA - 12.5 mm

LA/Ao - 1.46

IVSd - 6.1

LVPWd - 4.8 mm

LVIDd - 14.3 mm

LVIDs - 6.4 mm

FS - 55.2%

RA - 9.1 mm

LVOT - 1.21 m/s

RVOT - 0.81 m/s

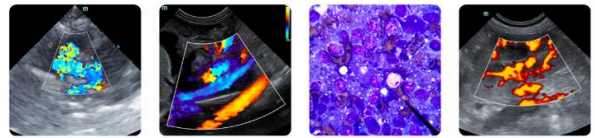
ASSESSMENT/RECOMMENDATIONS

This examination is equivocal for the presence of cardiac disease, as Jax has mild hypertrophy of the basilar portion of his interventricular septum. This could potentially be consistent with the presence of a focal lesion of hypertrophic cardiomyopathy (HCM), though mild basilar hypertrophy is often seen in cats over the age of 10 and could potentially represent a normal variant. If HCM is present, the hemodynamic effects of the disease would appear to be fairly mild, as Jax does not have secondary dilation of his left atrium, indicating that his current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low.

Jax's cardiovascular risk for general anesthesia is likely low based on this exam, though, given the possible presence of HCM, I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 25%, as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) develop.



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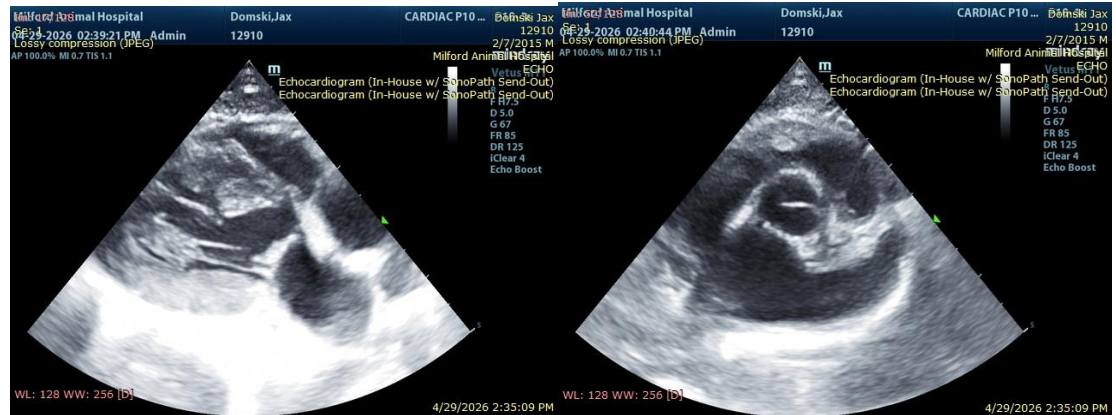
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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