



## PATIENT

Winston Temme

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

9 y

## WEIGHT

14.5 lb

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

## HOSPITAL NAME

Back Bay VC

## REFERRING VET

Dr. Sager-Gellerman

## INVOICE

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

Grade II/VI sternal systolic murmur. BNP 59. Some reported "asthma attacks". Pre-anesthetic evaluation (COHAT).

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. 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 or pleural effusion is seen.

ECG during echo: Sinus rhythm

LA/Ao – 1.51

IVSd – 5.3 mm

LVPWd – 5.2 mm

LVIDd – 14.2 mm

LVIDs – 5.1 mm

FS – 64%

LVOT – 0/75 m/s

RVOT – 1.36 m/s

## ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild dilation of Winston's left atrium, with differentials for this finding including a restrictive cardiomyopathy (RCM), an atrial myopathy, and cardiac thyrotoxicosis. As only mild dilation is present, Winston's current risk for the development of congestive heart failure and/or thromboembolic disease appears to be relatively low, though careful monitoring for clinical signs associated with these conditions is recommended going forward.

Winston's cardiovascular risk for general anesthesia is mildly, approaching mildly to moderately, increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. 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 25-50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended at this stage of disease.

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



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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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