



PATIENT

Brother Trust

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

14 y

WEIGHT

15.9 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Ferraro

INVOICE

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Grade 2/6 parasternal murmur. BNP 60. BP 220–230 mmHg. After starting amlodipine 0.625 mg SID, recheck BP 160 mmHg. Well-controlled hyperthyroidism treated with methimazole 2.5 mg SID.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though very mild mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear 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 heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA/Ao – 1.28

IVSd – 5.4 mm

LVPWd – 5.3 mm

LVIDd – 14.2 mm

LVIDs – 4.9 mm

FS – 65.5%

RVOT – 0.97 m/s

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates very mild regurgitation of blood across Brother's mitral valve. The hemodynamic effects of the regurgitation also appear to be mild, as Brother does not have secondary dilation of either of his left heart chambers. As such, Brother's current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9-12 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. 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) info@SonoPath.com