



PATIENT

Kit Kat Carlson

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

8 y

WEIGHT

3.83 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Greg Kuhlman

HOSPITAL NAME

Red River Animal
Emerg. and Referral

REFERRING VET

Dr. Kuhlman

INVOICE

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Grade 3-4/6 left-sided murmur heard recently, though no murmur ausculted today. BNP 217. BP 220–230 mmHg. Recently diagnosed with hyperthyroidism and started on methimazole 2.5 mg BID.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. There is mild hypertrophy of the left ventricular posterior wall and borderline mild hypertrophy of the interventricular septum. 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 – 14.1 mm

IVSd – 5.9 mm

LVPWd – 6.1 mm

LVIDd – 14.0 mm

LVIDs – 4.3 mm

FS – 69.3%

RA – 11.4 mm

RVOT – 1.04 m/s

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild hypertrophy of Kit Kat's left ventricular walls, which could either be due to the presence of hypertrophic cardiomyopathy (HCM) or be secondary to her hyperthyroidism. The hemodynamic effects of the hypertrophy appear to be fairly mild at present, as Kit Kat does not have secondary dilation of her left atrium, indicating that her current risk for the development of congestive heart failure and/or thromboembolic disease appears to be relatively low.

No reason for Kit Kat's recently ausculted murmur is appreciated in the image set.

No therapy is recommended based on this exam.

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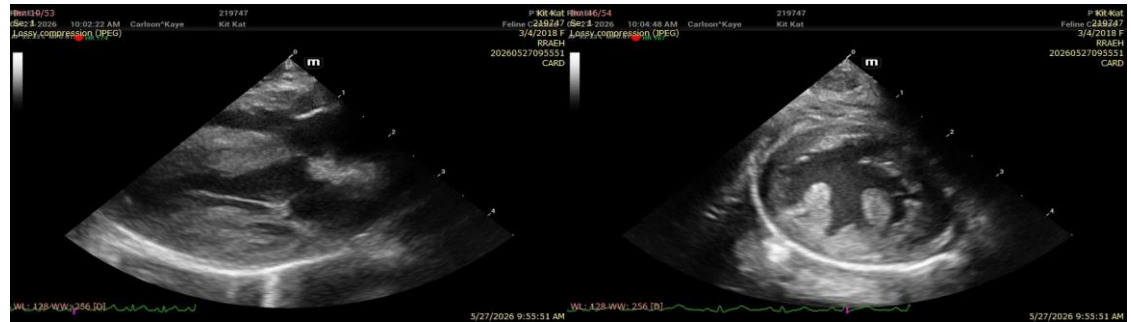
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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