



PATIENT

Beasley Munson

SPECIES

Feline

BREED

Scottish Fold

SEX

FS

AGE

8 y

WEIGHT

9.2 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Graham Sager-
Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Chapman

INVOICE

DATE

5/29/26

PRESENTING CLINICAL SIGNS

Grade III/VI parasternal murmur. BNP 1372. Diagnosed with dynamic LVOTO last year. CBC/Chem/T4 WNL. Pre-anesthetic evaluation (COHAT).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. There is systolic anterior motion of the mitral valve leaflets creating dynamic obstruction to flow in the left ventricular outflow tract, with mild secondary mitral regurgitation. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. 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 - 14.2 mm

LA/Ao - 1.42

IVSd - 5.2 mm

LVPWd - 5.1 mm

LVIDd - 16.2 mm

LVIDs - 6.3 mm

FS - 61%

RA - 9.6 mm

LVOT - 3.11 m/s

RVOT - 0.78 m/s

ASSESSMENT/RECOMMENDATIONS

This examination is similar to Beasley's previous echocardiogram, as she has systolic anterior motion (SAM) of her mitral valve leaflets, which is creating dynamic obstruction to flow in her left ventricular outflow tract. The hemodynamic effects of the SAM appear to be mild at present, as Beasley does not have secondary hypertrophy of her left ventricle or dilation of her left atrium. As such, her current risk for the development of congestive heart failure and/or thromboembolic disease appears to be fairly low.

Beasley's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 25%. 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 6-9 months. Thoracic radiographs are recommended if Beasley experiences difficulty breathing.



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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