



## PATIENT

Missy Gall

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

8 y

## WEIGHT

12.5 lb

## PRESENTING CLINICAL SIGNS

BNP 139. CXR WNL.

## ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. 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 heartworms are visualized. No pericardial effusion or cardiac masses are seen.

LA - 12.3 mm

LA/Ao - 1.31

IVSd - 4.7 mm

LVPWd - 4.3 mm

LVIDd - 11.6 mm

LVIDs - 4.6 mm

FS - 60.3%

RA - 9.1 mm

LVOT - 1.03 m/s

RVOT - 0.67 m/s

## INTERPRETED BY

Keith Blass, DVM, MS,  
DACVIM (Cardiology)

## ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

## IMAGING PERFORMED BY

Brian Hougentogler,  
DVM, CVA

This examination demonstrates no evidence of structural heart disease. As such, no reason for Missy's BNP elevation is appreciated in the image set. It's possible that the elevation could be a false positive result, though consideration also should be given to azotemia, hyperthyroidism, and systemic hypertension as possible causes.

No therapy is recommended based on this exam.

## HOSPITAL NAME

K-Vet Animal Care

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop.

## REFERRING VET

Alexandra Kintz-  
Konegger, DVM,  
MSTCVM

## INVOICE

## DATE

6/1/26



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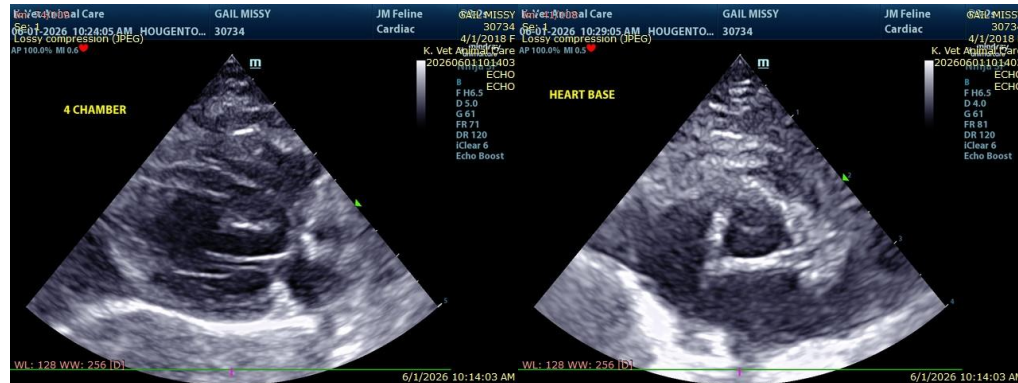
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)