



PATIENT

Jerry Miller

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 y

WEIGHT

14.56 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Rowland

INVOICE

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Grade 3-4/6 murmur. BNP 673, SDMA 20, BUN 37, Cr 2.8. Pre-anesthetic evaluation (dental).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is borderline mild left atrial dilation. The mitral valve appears normal, though 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 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.

ECG during echo: Sinus rhythm

LA - 15.8 mm
IVSd - 5.3 mm
LVPWd - 5.3 mm
LVIDd - 10.5 mm
LVIDs - 4.2 mm
FS - 60%
RA - 10.3 mm
LVOT - 0.95 m/s
RVOT - 1.28 m/s

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild regurgitation of blood across Jerry's mitral valve, as well as borderline mild dilation of his left atrium. As only borderline mild dilation is present, Jerry'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 (ex. labored breathing, collapse, limb paralysis) is recommended.

Jerry'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-2 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 months. Thoracic radiographs are recommended if Jerry experiences respiratory clinical signs.



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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