



Patient Information

Patient:	CREED,BLUE LYNX	Patient ID:	RWAH-BLUE LYNX CREED	Report #	82771
Birth Date:		Age:		Gender:	M Unaltered
Patient Species:	Feline	Patient Breed:	Ragdoll	Accession:	
Study Description:		Study Date:	2025-12-09	Study Time:	11:02:18
Referring Physician:	Dr.Creed	Study AE:	VSR12150-ECHO	Modalities:	US
Institution:	4 Paws	Anatomical Region:	Echo		

History

****Murmur Grade?:** None

Pertinent History (Please include presenting clinical signs, even if normal): **Screening echo pet has had ace and gabapentin today.**

Current Medications: none

Differentials: none**

Echocardiographic Findings

Weight (kg)	Reference Range	
IVSd (mm)	4.28 (< 5.5)	Left Ventricle: Normal in size, normal function, normal wall thickness
LVIDd (mm)	14.2 (< 21.4)	Left Atrium: Normal in size
LVPWd (mm)	4.27 (< 5.0)	Mitral Valve: Normal valve, no regurgitation
IVSs (mm)	7.1	Right Ventricle: Normal in size, normal function
LIVDs (mm)	4.3 (< 11.2)	Right Atrium: Normal in size
LVPWs (mm)	7.4	Tricuspid Valve: Normal valve, no regurgitation
LA (long axis)	11.7 (< 16.0)	Aorta: Normal in size, no insufficiency, normal velocity
LA:Ao	1.3 (< 1.40)	Pulmonary: Normal in size, no insufficiency, normal velocity
RVOT Vmax (m/s)	1.1	Pericardium: No pericardial effusion, no cardiac masses
LVOT Vmax (m/s)	0.89	

Conclusions

Diagnosis

1. Normal heart

Today's study demonstrates a structurally and functionally normal heart with no evidence of myocardial or valvular heart disease. There is no risk for heart failure, and no cardiac medications are indicated.

Recommendations

Additional Diagnostics

1. None recommended

Therapy

1. None indicated

Follow Up

1. Recheck screening echocardiogram in 1 year

Report on 2025-12-10 14:46:56 UTC signed by:

Saki Kadotani DVM, DACVIM (Cardiology)
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Diagnostic interpretation of the images are highly dependent on the quality of images submitted, along with a thorough and accurate patient history. This case was dictated by the cardiologist and transcribed by voice recognition software. If any errors, omission, or typographical/ grammatical errors which may affect the patient's care have been inadvertently overlooked, be confusing, or misleading please contact us.

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