



**PRESENTING CLINICAL SIGNS**

History: Pre-anesthetic ECG showed a ventricular arrhythmia.

**DATE**

1/17/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Jessica Miller

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though trace 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 appear normal, though there is mildly increased flow velocity in the ascending aorta. 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 pericardial effusion or cardiac masses are seen.

LA/Ao – 1.20  
IVSd – 4.5 mm  
LVPWd – 4.2 mm  
LVIDd – 15.1 mm  
LVIDs – 5.3 mm  
FS – 64.9%  
RA – 11.7 mm  
LVOT – 1.40 m/s  
RVOT – 0.85 m/s

**PATIENT**

Sunshine Shive

**SPECIES**

Feline

**ASSESSMENT/RECOMMENDATIONS**

Normal echocardiogram

**BREED**

DSH

This examination demonstrates no evidence of structural heart disease, as trace regurgitation of blood across the mitral and tricuspid valves can be considered normal physiologic variants. As such, no reason for Sunshine's arrhythmia is appreciated in the image set. It's possible that the arrhythmia could be due to cardiac conduction system disease, though consideration should also be given to stress/anxiety, hyperthyroidism, infectious/inflammatory disease, drug/toxin exposure, and intra-abdominal disease as possible causes.

**SEX**

MN

Sunshine's anesthetic risk is low based on her echocardiogram, but it is increased depending on the severity of her arrhythmia. As a precaution, I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol. Lidocaine (1 mg/kg slow IV) should be available in case a significant ventricular arrhythmia develops during the procedure.

**AGE**

17 y

No therapy is recommended based on this exam.

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

**WEIGHT**

7.8 lb

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. Antonelli



DATE

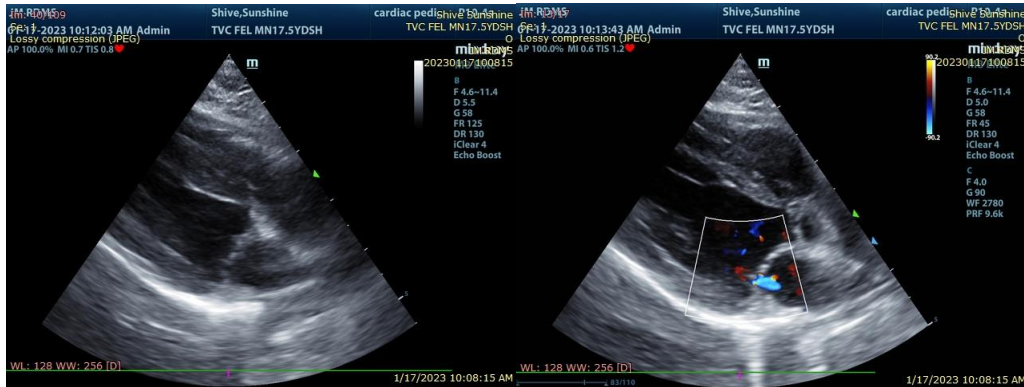
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

PATIENT

Sunshine Shive

Keith Blass, DVM, MS, DACVIM (Cardiology)  
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631-804-5754

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