



PRESENTING CLINICAL SIGNS

History: Grade II/VI murmur, unchanged from previous visit. Possible exercise intolerance, - owner notices panting after playing rough with other kitten. Pre-anesthetic evaluation (neuter).

DATE

1/28/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sarah Pender, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. 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 normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild 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.

ECG during echo: Sinus rhythm

PATIENT

Arthur White

SPECIES

Feline

LA - 12.7 mm
LA/Ao - 1.36
IVSd - 4.6 mm
LVPWd - 4.6 mm
LVIDd - 15.6 mm
LVIDs - 8.3 mm
FS - 46.8%
RA - 8.9 mm
LVOT - 0.96 m/s
RVOT - 0.77 m/s

ASSESSMENT/RECOMMENDATIONS

BREED

DSH

SEX

MI

This examination demonstrates mild regurgitation of blood across Arthur's mitral and tricuspid valves. While the valves subjectively appear normal via 2D imaging, it's likely that Arthur suffers from a mild form of valvular dysplasia given his age. The hemodynamic effects of the regurgitations also appear to be mild, as Arthur does not have secondary dilation of any of his cardiac chambers. As such, Arthur's current risk for the development of clinical signs of cardiac dysfunction appears to be low, and no reason for Arthur's possible exercise intolerance is appreciated in the image set.

AGE

6 mo

Arthur's cardiovascular risk for general anesthesia is only mildly increased based on this exam, though I still 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%, as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

10 lb

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in ~9 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bessine



DATE

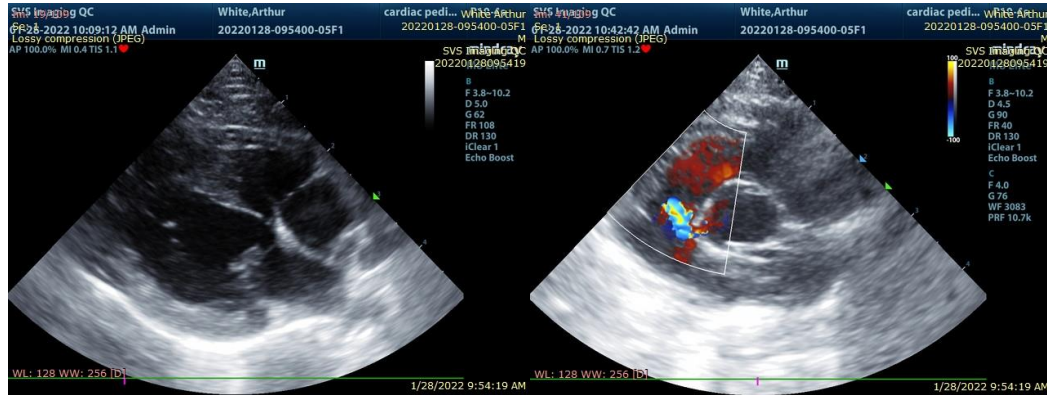
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Arthur White

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.

SPECIES

Feline

Keith Blass, DVM, MS, DACVIM (Cardiology)

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631-804-5754

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