

PATIENT

Sammy Cucciniello

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

14.5 lb

INTERPRETED BY

Keith Blass, DVM, MS
DACVIM(Cardiology)

HOSPITAL NAME

Falmouth AH

REFERRING VET

Dr. Hauser

INVOICE

DATE

1/31/22

PRESENTING CLINICAL SIGNS

Elevated BNP (200). History of hypertension, now well-controlled with amlodipine. CKD (Cr 2.6). Pre-anesthetic evaluation (dental).

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 are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao – 1.19
 IVSd – 5.3 mm
 LVPWd – 5.2 mm
 LVIDd – 11.8 mm
 LVIDs – 5.2 mm
 FS – 55.9%
 LVOT – 0.69 m/s
 RVOT – 0.77 m/s

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

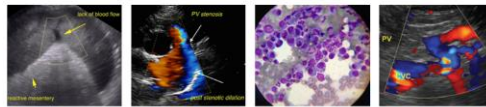
Normal echocardiogram

This examination demonstrates no evidence of structural heart disease. As such, no reason for Sammy's elevated BNP level is appreciated in the image set, and it's likely that the elevation is due to his kidney disease, hypertension, or a combination of the two.

Sammy's cardiovascular risk for general anesthesia is low based on this exam, and there are no contraindications to the use of any specific anesthetic agents.

No therapy is recommended based on this exam.

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



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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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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