

PRESENTING CLINICAL SIGNS

DATE

History: Grade 3/6 left-sided murmur. Coughing ~2x/week for the past month. Recently began sneezing with ocular and nasal discharge. Receiving amlodipine 0.625 mg SID for hypertension and prednisolone for suspect IBD. BP today 140 mmHg.

1/4/22

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

2D, M-mode, and Doppler study.

Amy Mayhew, LVT

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 normal. 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 pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Cody Stewart

LA - 11.3 mm
LA/Ao - 1.34
IVSd - 4.5 mm
LVPWd - 4.0 mm
LVIDd - 12.3 mm
LVIDs - 4.0 mm
FS - 67.5%
LVOT - 1.46 m/s
RVOT - 0.86 m/s

SPECIES

Feline

RADIOGRAPHIC FINDINGS

Three-view thoracic radiographs are submitted for review.

BREED

DSH

The cardiac silhouette appears normal for a cat of this age. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

ASSESSMENT/RECOMMENDATIONS

SEX

MN

Normal echocardiogram and thoracic radiographs

These examinations demonstrate no abnormalities. While a definitive reason for Cody's cough is not appreciated in his radiographs, the absence of abnormalities in his exam indicates that his cough is not cardiogenic in origin, and consideration should be given to lower airway disease as a likely cause.

AGE

14 y

No reason for Cody's murmur was appreciated in his echocardiogram, though the murmur is very likely functional/innocent in origin.

WEIGHT

8.12 lb

No therapy is recommended based on Cody's echocardiogram. A cough suppressant may be given for Cody's cough. Should the cough persist, consideration can be given to increasing Cody's prednisolone dose to an anti-inflammatory one, though an infectious cause of his ocular/nasal discharge should be ruled out before doing so.

HOSPITAL NAME

SVS Imaging MI

A recheck echocardiogram is recommended if the characteristics of Cody's murmur change, or if other new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.

REFERRING VET

Family Pet Practice



DATE

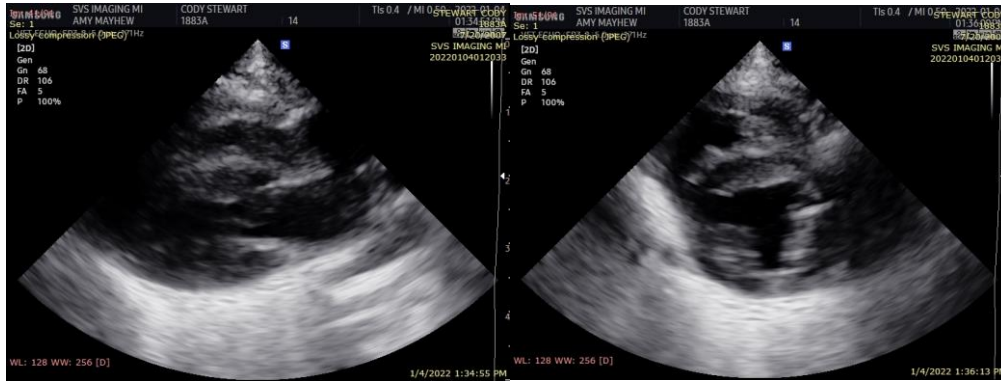
1/4/22

PERFORMED BY:

Amy Mayhew, LVT

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Keith Blass, DVM,
MS, DACVIM
(Cardiology)



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

Cody Stewart

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

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