


PRESENTING CLINICAL SIGNS

History: Grade 5/6 left-sided systolic murmur. Radiographs show moderate cardiomegaly.

DATE

10/11/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The anterior mitral valve leaflet is elongated, and there is systolic anterior motion of the leaflet creating dynamic obstruction to flow in the left ventricular outflow tract, with mild secondary mitral regurgitation. There is mild symmetrical left ventricular hypertrophy. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. 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.

LA - 14.7 mm
 LA/Ao - 1.45
 IVSd - 6.2 mm
 LVPWd - 6.1 mm
 LVIDd - 14.9 mm
 LVIDs - 5.7 mm
 FS - 61.7%
 RA - 11.0 mm
 LVOT - 5.27 m/s
 RVOT - 1.24 m/s

PATIENT

Dexter Cunningham

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

Mitral valve dysplasia (MVD)

BREED

Sphynx

This examination demonstrates elongation of Dexter's anterior mitral valve leaflet, with systolic anterior motion (SAM) of the leaflet creating dynamic obstruction to flow in his left ventricular outflow tract. Secondary to his SAM, Dexter has mild hypertrophy of his left ventricular walls, though he does not have secondary dilation of his left atrium. The absence of left atrial dilation indicates that Dexter's current risk for the development of congestive heart failure and/or thromboembolic disease appears to be fairly low, though his risk for the development of syncope and/or arrhythmia formation is a bit higher.

SEX

M

I recommend starting Dexter on atenolol (6.25 mg BID), as this medication should help to reduce the severity of his SAM.

AGE

5 mo

A recheck echocardiogram is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) develop.

ADDENDUM 11/3/22

Note: This patient presents congenital based mitral valve dysplasia with secondary hypertrophy of the left ventricle, in which the mitral valve does not have proper structure and does not close adequately, as well as creates a parachute type effect on the left ventricular outflow tract, known as systolic anterior motion, which is a dynamic obstruction of the left ventricular outflow tract. These changes are consistent with congenital disease and renders this patient unfit for sale, given the age. Long-term survival of this patient is in question depending upon progressive changes in the heart and follow up echocardiogram. This pathology tends to worsen as heart rate increases, hence the cardiologist has recommended the use of Atenelol to slow the heart rate and avoid potential syncope or sudden death. However, this is only a palliative therapy, and long-term survival is a concern. These are grounds that make the patient unfit for sale in my professional opinion.

WEIGHT

6 lb

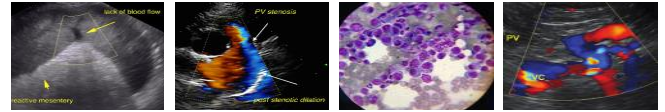
HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Duhr

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
 info@SonoPath.com



DATE

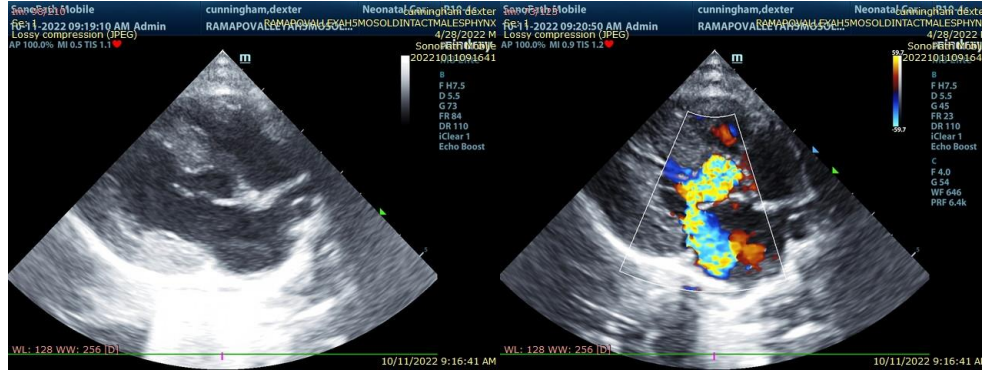
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Dexter Cunningham

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

BREED

Sphynx

SEX

MI

AGE

5 mo

WEIGHT

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Dr. Duhr

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