
**ESENTING CLINICAL SIGNS**

**DATE** History: Murmur first noted a few months ago. No murmur present today, but possible gallop sound.  
Asymptomatic.

10/25/21

**ECHOCARDIOGRAPHIC FINDINGS**

**PERFORMED BY:** 2D, M-mode, and Doppler study.

**Dr. Meredith Swart** There is mild, bordering on mild to moderate, left atrial dilation. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular wall thickness is normal. There is mild left ventricular dilation. 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.

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

LA - 18.3 mm  
LA/Ao -1.76  
IVSd - 2.6 mm  
LVPWd - 2.6 mm  
LVIDd - 18.3 mm  
LVIDs - 10.2 mm  
FS - 44%  
LVOT - 1.01 m/s

**PATIENT**

Bria Springfield KCSR

**SPECIES**

Feline

**ASSESSMENT/RECOMMENDATIONS**

**BREED**

DSH

**SEX**

FS

**AGE**

5 mo

**WEIGHT**

5 lb

**HOSPITAL NAME**

Swart Veterinary  
Imaging

**REFERRING VET**

Dr. Swart

This examination demonstrates mild, bordering on mild to moderate, dilation of Bria's left atrium, as well as mild dilation of her left ventricle. In a cat this young, these changes would typically occur secondary to a left-to-right shunting lesion, and while the presence of one cannot be definitively ruled out, no evidence of a shunt was visualized in the image set. In any case, the presence of left-sided cardiac dilation indicates that Bria is at risk for the development of left-sided congestive heart failure, as well as cardiac thrombus formation with secondary thromboembolic disease and arrhythmia formation.

Referral to a cardiologist may be warranted to further evaluate for a shunting lesion as a possible cause of Bria's chamber dilation.

Recommended therapy based on this exam includes enalapril (0.25-0.5 mg/kg BID) and clopidogrel (18.75 mg SID).

A renal/electrolyte profile is recommended in 1-2 weeks. If referral is not pursued, a recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Bria experiences respiratory clinical signs.



DATE

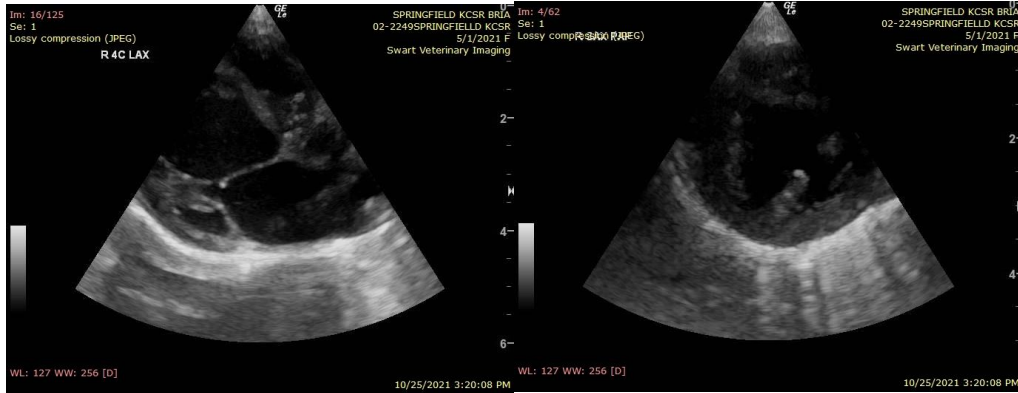
10/25/21

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)



PATIENT

Bria Springfield KCSR

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.

SPECIES

Feline

Keith Blass, DVM, MS, DACVIM (Cardiology)  
KeithBlass@gmail.com  
631-804-5754

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