



RESENTING CLINICAL SIGNS

DATE History: Murmur. Recent history of acute renal failure of unknown cause. PCV 22%. Hypertensive while hospitalized (BP 200 mmHg). Possible history of IBD – receiving low dose prednisolone EOD.
11/15/21

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

2D, M-mode, and Doppler study.

Dr. Meredith Swart

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 mildly hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. 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

Cricket Gentry

IVSd – 4.9 mm
LVPWd – 4.5 mm
LVIDd – 12.4 mm
LVIDs – 5.7 mm
FS – 54%
LVOT – 0.83 m/s
RVOT – 1.01 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

BRE

This examination demonstrates no evidence of structural heart disease, as trace aortic insufficiency can be considered a normal physiologic variant. While a definitive reason for Cricket's murmur was not identified, it's likely that her murmur is functional/innocent in nature, perhaps secondary to her anemia, as no flow abnormalities that could result in the development of a pathologic murmur were appreciated in the image set.

DSH

SEX

No therapy is recommended based on this exam.

FS

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

AGE

17 mo

WEIGHT

8.5 lb

HOSPITAL NAME

Swart Veterinary
Imaging



REFERRING VET

Dr. Swart

The information and recommendations provided are based on the images presented by the



DATE referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

11/15/21 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.

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

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