
DATE PRESENTING CLINICAL SIGNS

History: Grade 6/6 murmur.

11/17/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Loetitia Saint-Jacques, RVT, LVT

There is mild left atrial dilation. The mitral valve is normal. Left ventricular wall thickness is normal. There is mild left ventricular dilation. Left ventricular systolic function is normal. There is Doppler evidence of left-to-right shunting through a perimembranous ventricular septal defect. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid is normal. The pulmonary artery and pulmonic are normal. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

LA/Ao 1.64
 IVSd - 3.4 mm
 LVPWd - 3.4 mm
 LVIDd - 17.3 mm
 LVIDs - 10.3 mm
 FS - 40%
 RA - 25.4 mm
 LVOT - 2.21 m/s
 RVOT - 1.30 m/s
 VSD - 4.86 m/s

PATIENT

Maxwell NHS

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

Ventricular septal defect (VSD)

BREED

This examination demonstrates left-to-right shunting of blood through a perimembranous VSD. Secondary to the shunt flow, Maxwell has mild dilation of both his left atrium and left ventricle, as well as mildly increased flow velocity in his aorta secondary to recirculation of blood. As only mild left heart chamber dilation is present, Maxwell's current risk for the development of congestive heart failure and/or thromboembolic disease does not appear to be significantly increased, though careful monitoring for the development of clinical signs associated with these conditions is recommended.

DSH
SEX
MN
AGE

2 mo

I recommend starting Maxwell on enalapril (0.5 mg/kg BID, dose adjustments will be necessary as he gains weight), as this medication should decrease the amount of blood shunting through his VSD, as well as clopidogrel (18.75 mg SID), as this medication should reduce his risk for cardiac thrombus formation.

WEIGHT

2.3 lb

A renal/electrolyte profile is recommended in 2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Maxwell experiences respiratory clinical signs.

HOSPITAL NAME

 Nevada Humane
 Society

REFERRING VET

Dr. Matzke



DATE

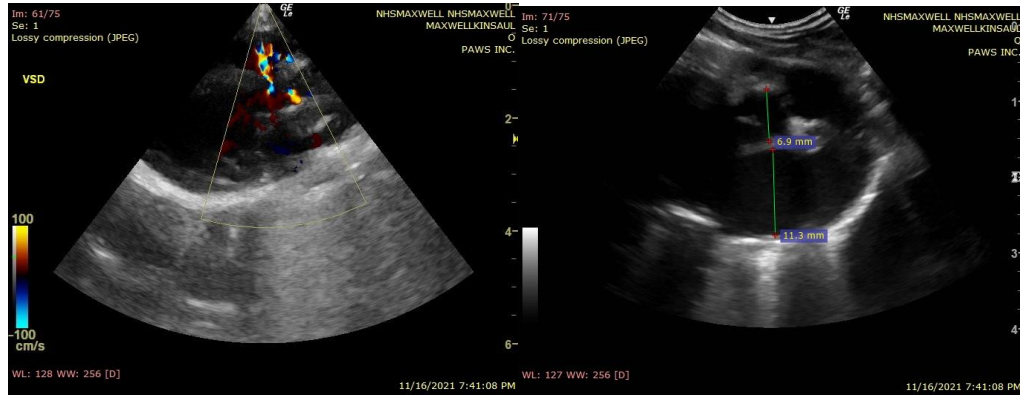
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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631-804-5754

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