



PRESENTING CLINICAL SIGNS

History: Grade III/VI murmur. Irregular heart rhythm – ECG showed VPCs. Cardiomegaly on radiographs. Littermate experienced saddle thrombus and CHF.

DATE

12/5/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate left atrial dilation. The left auricle is dilated, though no spontaneous contrast or thrombi are visualized. The mitral valve appears normal, though mild mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function measures just below the lower limit of the normal reference interval. 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 heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Spirit Henningfeld

SPECIES

Feline

LA/Ao – 2.25
IVSd – 5.1 mm
LVPWd – 5.0 mm
LVIDd – 17.6 mm
LVIDs – 11.6 mm
FS – 34%
RA – 18.3 mm
LVOT – 0.59 m/s
RVOT – 0.47 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

BREED

DSH

HR: 200 bpm
Rhythm: Sinus with VPCs

SEX

The underlying rhythm is sinus in origin. All sinus complex amplitudes and intervals are within normal limits. There are intermittent monomorphic VPCs. No atrial ectopy or conduction blocks are seen.

MN

RADIOGRAPHIC FINDINGS

Three-view thoracic radiographs are submitted for review.

AGE

12 y

There is moderate generalized enlargement of the cardiac silhouette. 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.

WEIGHT

11.4 lb

ASSESSMENT/RECOMMENDATIONS

HOSPITAL NAME

SVS Imaging CT

Spirit's echocardiogram demonstrates moderate dilation of his left atrium and borderline mild depression of his left ventricle, suggestive of the presence of an unclassified cardiomyopathy (UCM). While Spirit's radiographs show no evidence of congestive heart failure, he is at relatively high risk for its development. Similarly, while no spontaneous contrast or thrombi are visualized in Spirit's left auricle, he is still at relatively high risk for the development of thromboembolic disease.

REFERRING VET

Dr. Bittner

Spirit's ECG demonstrates the presence of intermittent single VPCs.



A T4 level is recommended to rule out hyperthyroidism as a possible contributor to Spirit's left atrial dilation or arrhythmia.

DATE

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Recommended therapy based on this exam includes pimobendan (1.25 mg BID), enalapril (1.25 mg BID), and clopidogrel (18.75 mg SID). No therapy is recommended for Spirit's arrhythmia at this time.

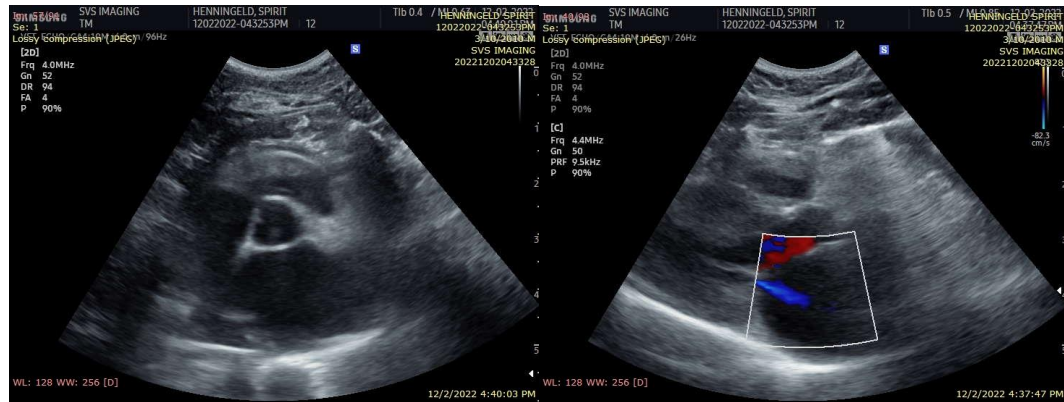
PERFORMED BY:

Tom McNeill

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck ECG is recommended in 3 months. A recheck echocardiogram is recommended in 6 months. Repeat radiographs are recommended if clinical signs compatible with congestive heart failure develop.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



PATIENT

Spirit Henningfeld

SPECIES

Feline

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.

BREED

DSH

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.

SEX

Keith Blass, DVM, MS, DACVIM (Cardiology)

MN

KeithBlass@gmail.com
631-804-5754

AGE

12 y

WEIGHT

11.4 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Bittner