



**PRESENTING CLINICAL SIGNS**

**DATE** History: Grade 5-6/6 left-sided murmur with radiation to the right.

12/10/21

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Dr. Lauren Sikorski

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

There is severe left atrial dilation. The mitral valve appears normal, though there is Doppler evidence of mitral regurgitation present. Left ventricular wall thickness is normal. There is mild left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Toby Little Shelter

LA - 23.4 mm  
LA/Ao - 2.68  
IVSd - 4.9 mm  
LVPWd - 5.0 mm  
LVIDd - 19.6 mm  
LVIDs - 9.9 mm  
FS - 49.5%  
RVOT - 1.79 m/s

**SPECIES**

Feline

**ASSESSMENT/RECOMMENDATIONS**

**BREED**

DSH

**SEX**

MI

**AGE**

7 mo

**WEIGHT**

5 kg

**HOSPITAL NAME**

Animal Internal  
Medicine

**REFERRING VET**

Dr. Sikorski

This examination demonstrates dilation of Toby's left heart chambers, as well as regurgitation of blood across his mitral valve. Given Toby's age, it's likely that he suffers from mitral valve dysplasia, however, even though no evidence of a left-to-right shunting lesion was seen in this exam, the concurrent presence of one cannot be definitively ruled out, as this is the most common reason for left-sided cardiac volume overload to develop in a kitten. Given the presence of severe left atrial dilation, Toby is at relatively high risk for the development of congestive heart failure, thromboembolic disease, and/or arrhythmia formation, therefore, careful monitoring for the development of clinical signs associated with these conditions is recommended.

Consideration can be given to referral to a cardiologist to rule out the presence of a shunting lesion that could potentially be amenable to surgical correction.

Recommended medical 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. A recheck echocardiogram is recommended in 6 months if referral is not pursued. Thoracic radiographs are recommended if Toby experiences respiratory clinical signs.

