



PRESENTING CLINICAL SIGNS

History: Previously diagnosed with bronchitis/asthma and cardiac enlargement.

DATE

2/13/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sara Hansen

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild to moderate left atrial dilation. 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 is normal. The aorta and aortic valve appear 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.

LA/Ao – 1.83
IVSd – 4.6 mm
LVPWd – 4.4 mm
LVIDd – 14.7 mm
LVIDs – 8.2 mm
FS – 44%
LVOT – 0.96 m/s
RVOT – 0.56 m/s

PATIENT

Tess Matthews

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

SPECIES

Feline

HR: 214 bpm
Rhythm: Sinus

BREED

Normal sinus rhythm/mild sinus tachycardia is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

DSH

ASSESSMENT/RECOMMENDATIONS

SEX

FS

Tess's echocardiogram demonstrates mild to moderate dilation of her left atrium, with differentials for this finding including a restrictive cardiomyopathy, atrial myopathy, and cardiac thyrotoxicosis. The presence of mild to moderate left atrial dilation indicates that Tess is at risk for the development of congestive heart failure and thromboembolic disease, therefore, careful monitoring for the development of clinical signs associated with these conditions is recommended.

AGE

9 y

No abnormalities are appreciated in Tess's ECG.

A T4 level is recommended.

WEIGHT

13.1 lb

I recommend starting Tess on enalapril (2.5 mg am, 1.25 mg pm) and clopidogrel (18.75 mg SID), as the former should help to slow the progression of her cardiac disease, while the latter should reduce her risk for cardiac thrombus formation. Should clinical signs of congestive heart failure develop and/or radiographs show the presence of cardiogenic pulmonary edema or pleural effusion, additional therapy with furosemide (6.25 mg BID) would be warranted.

HOSPITAL NAME

The Ark VC

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in ~6 months. Thoracic radiographs are recommended if Tess experiences respiratory clinical signs.

REFERRING VET

Dr. Hillberg



DATE

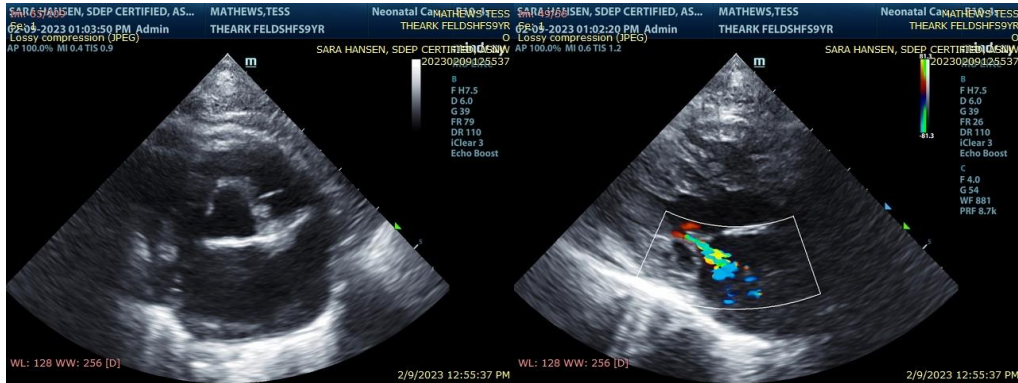
2/13/23

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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.

PATIENT

Tess Matthews

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

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631-804-5754

BREED

DSH

SEX

FS

AGE

9 y

WEIGHT

13.1 lb

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Hillberg