



**PRESENTING CLINICAL SIGNS**

**DATE** History: Hx of pulmonic stenosis and two balloon valvuloplasties.

**ECHOCARDIOGRAPHIC FINDINGS**

2/15/22 2D, M-mode, and Doppler study.

**PERFORMED BY:** Left atrial size is normal. The mitral valve appears 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 are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonic valve leaflets appear mildly thickened, and there is turbulent flow across the valve, the velocity of which is consistent with the presence of moderate stenosis (PG 57 mmHg). Mild pulmonic insufficiency is present. The main pulmonary artery appears normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

Dr. Lauren Sikorski

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

**PATIENT**

Church Burnett

**SPECIES**

Feline

**ASSESSMENT/RECOMMENDATIONS**

**BREED**

**DSH**

**SEX**

**FS**

**AGE**

5 y

This examination demonstrates turbulent flow across Church's pulmonic valve, consistent with her previous diagnosis of pulmonic stenosis. The velocity of the turbulent flow suggests that Church's stenosis is currently low-moderate in severity. Most cats with this degree of stenosis will remain asymptomatic for their disease, though careful monitoring for the development of clinical signs, such as exercise intolerance and syncope, as well as for secondary arrhythmia formation, is recommended.

No indication for a third balloon valvuloplasty procedure is seen in this exam. It's unlikely that medical therapy is necessary at this stage of disease, though consideration can be given to treatment with atenolol (6.25 mg BID), as this medication could potentially reduce Church's risk for the development of clinical signs.

A recheck echocardiogram is recommended in 12 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

**WEIGHT**

5 kg

**HOSPITAL NAME**

Animal Internal  
Medicine

**REFERRING VET**

Dr. Sikorski



DATE

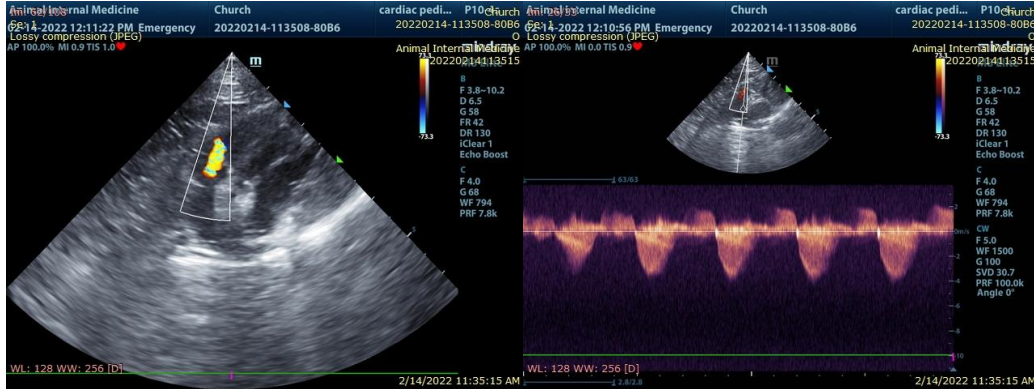
2/15/22

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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

Church Burnett

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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