



**PRESENTING CLINICAL SIGNS**

**DATE** History: Grade 3/6 murmur.

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY**

Kelly Vazquez

Left atrial size is normal. 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 mildly hyperdynamic. The aorta and aortic 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 pericardial effusion or cardiac masses are seen.

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

LA - 14.8 mm  
LA/Ao - 1.47  
IVSd - 4.6 mm  
LVPWd - 4.6 mm  
LVIDd - 17.1 mm  
LVIDs - 8.0 mm  
FS - 53.2%  
RA - 12.0 mm  
LVOT - 1.31 m/s  
RVOT - 1.03 m/s

**PATIENT**

Pumpkin Weber

**SPECIES**

Feline

**ASSESSMENT/RECOMMENDATIONS**

This examination demonstrates mild regurgitation of blood across Pumpkin's mitral valve. The hemodynamic effects of the regurgitation also appear to be mild, as Pumpkin does not have secondary dilation of either of his left heart chambers. As such, Pumpkin's cardiac function appears to be well-compensated, and his current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low.

**BREED**

DSH

No therapy is recommended based on this exam.

**SEX**

A recheck echocardiogram is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

**MN**

**AGE**

2 y

**WEIGHT**

15 lb

**HOSPITAL NAME**

Westwood Regional  
VH



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.

**REFERRING VET**

Dr. McConnell



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.

**DATE**

2/15/23

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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