



PRESENTING CLINICAL SIGNS

DATE

2/21/23

History: Increased respiratory sounds. Benign chest mass diagnosed a year ago. Recheck radiographs a few months ago showed the mass was static. Radiographs today showed significant pleural effusion. Thoracocentesis removed 275 ml of serosanguineous fluid. Grade 3/6 murmur. Two doses of IV furosemide given today.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

2D, M-mode, and Doppler study.

Amy Mayhew, LVT

Left atrial size is normal. The mitral valve is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. 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 are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen. Mild pleural effusion is present. There is a hyperechoic area in the thorax cranial to the heart base.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Sabre Beasley

LA/Ao - 1.26
IVSd - 4.7 mm
LVPWd - 4.7 mm
LVIDd - 11.6 mm
LVIDs - 4.0 mm
FS - 65.5%
LVOT - 0.74 m/s
RVOT - 0.77 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

BREED

DSH

This examination demonstrates no evidence of structural heart disease. As such, Sabre's pleural effusion does not appear to be cardiogenic in origin. There is a hyperechoic area cranial to Sabre's heart base in the image set, the significance of which is unclear. It doesn't have the typical appearance of a mass and could potentially just be a portion of consolidated lung.

SEX

MN

Fluid analysis and cytology of Sabre's pleural effusion is recommended. If a cause of the effusion is not identified, consideration can be given to thoracic CT +/- lymphangiography.

AGE

13 y

No therapy is recommended based on Sabre's echocardiogram, however, diuretic therapy could potentially be indicated depending on the underlying cause of his pleural effusion.

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop..

WEIGHT

13.9 lb



HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Cullen



DATE

2/21/23

PERFORMED BY:

Amy Mayhew, LVT

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Keith Blass, DVM,
MS, DACVIM
(Cardiology)



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.

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.

PATIENT

Sabre Beasley

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631-804-5754

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