



PRESENTING CLINICAL SIGNS

History: Grade 4/6 sternal murmur. Irregular heart rhythm.

DATE

3/17/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Rebekah Jakum

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

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 appear normal, though there is very mildly increased flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao – 1.42
IVSd – 4.2 mm
LVPWd – 4.1 mm
LVIDd – 17.3 mm
LVIDs – 8.0 mm
FS – 53.7%
LVOT – 1.52 m/s
RVOT – 1.01 m/s

PATIENT

Finnegan Westley

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 200 bpm
Rhythm: Sinus

BREED

DLH

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

SEX

MN

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram and ECG

Finnegan's echocardiogram demonstrates no evidence of structural heart disease. His murmur appears to be due to the presence of very mildly increased flow velocity in his aorta, which is a common reason for a functional/innocent murmur to develop in cats.

AGE

10 y

No abnormalities are appreciated in Finnegan's ECG, though the presence of an intermittent arrhythmia cannot be ruled out.

No therapy is recommended based on these exams.

WEIGHT

12.7 lb

A Holter monitor can be considered if there is suspicion for the presence of an intermittent arrhythmia. A recheck echocardiogram is recommended if the characteristics of Finnegan's murmur change, or if other new physical exam and/or clinical abnormalities suggestive of the presence of structural heart disease develop.

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Smith



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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.

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

Finnegan Westley

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

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