



DATE PRESENTING CLINICAL SIGNS
 History: Grade 4/6 murmur. Pre-anesthetic evaluation.

3/2/22

ECHOCARDIOGRAPHIC FINDINGS
 2D, M-mode, and Doppler study.

PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

INTERPRETED BY

Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

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 normal. There is a perimembranous ventricular septal defect with left-to-right shunting. The velocity of shunting flow is consistent with the presence of a restrictive defect. 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 valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Sphinx Nevada
 Humane Society

LA/Ao – 1.34
 IVSd – 3.1 mm
 LVPWd – 3.1 mm
 LVIDd – 12.4 mm
 LVIDs – 7.5 mm
 FS – 39.5%
 LVOT – 1.00 m/s
 RVOT – 1.08 m/s
 VSD – 5.08 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

Ventricular septal defect (VSD)

BREED

DSH

This examination demonstrates left-to-right shunting of blood through a defect in Sphinx's perimembranous ventricular septum. The velocity of flow is suggestive of the presence of a small restrictive defect, and the absence of secondary left heart chamber dilation suggests that there is a minimal volume of shunting through the defect. Most cats with restrictive VSDs will tolerate their disease well in the absence of clinical signs, though periodic reevaluation is recommended to determine whether progressive left-sided cardiac volume overload is developing.

SEX

FS

Sphinx's cardiovascular risk for general anesthesia is only mildly increased based on this exam, though I still recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 25%, as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

3 mo

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

WEIGHT

3 lb

HOSPITAL NAME

Nevada Humane
 Society

REFERRING VET

Dr. Slatin



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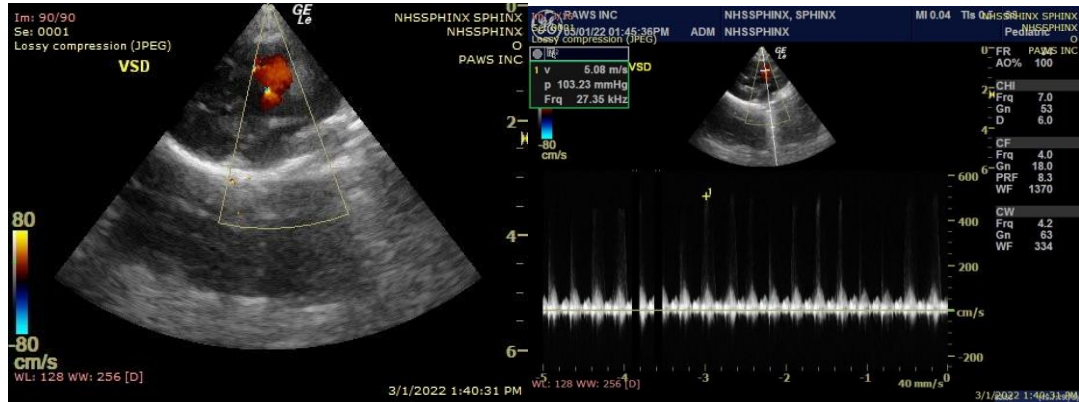
3 lb

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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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
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