


**DATE RESENTING CLINICAL SIGNS**

3/23/22 History: Recheck tricuspid valve dysplasia. Asymptomatic. Receiving enalapril and clopidogrel. Sedated with dexmedetomidine, butorphanol, and ketamine.

**PERFORMED BY: ECHOCARDIOGRAPHIC FINDINGS**  
 2D, M-mode, and Doppler study.

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. The aorta and aortic valve are normal. There is severe right atrial and right ventricular dilation. The tricuspid valve leaflets are thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**  
 Juggernaut NHS  
**SPECIES**  
 Feline  
**BREED**  
 DSH  
**SEX**  
 MN  
**AGE**  
 7 mo  
**WEIGHT**  
 10.3 lb

LA/Ao - 1.28  
 IVSd - 3.7 mm  
 LVPWd - 3.7 mm  
 LVIDd - 10.2 mm  
 LVIDs - 5.7 mm  
 FS - 44%  
 RA - 15.9 mm  
 RVIDd - 15.2 mm  
 LVOT - 0.77 m/s  
 RVOT - 0.93 m/s  
 TR - 2.56 m/s

**BREED ASSESSMENT/RECOMMENDATIONS**  
 DSH Tricuspid valve dysplasia (TVD)

This examination is similar to the previous one, and shows no progressive dilation of Juggernaut's right heart chambers in relation to his body weight. Having said that, Juggernaut still has severe dilation of his right heart chambers, therefore, he continues to be at high risk for the development of right-sided congestive heart failure, pulmonary thromboembolism, and/or arrhythmia formation, and his lifespan will still likely be significantly limited in the absence of valvular repair/replacement.

**AGE** No change in therapy is recommended at this time (assuming that Juggernaut's enalapril dose has been increased to 2.5 mg BID) based on his current weight.

**WEIGHT** 7 mo A recheck echocardiogram is recommended in 6-9 months. Thoracic/abdominal radiographs are recommended if clinical signs suggestive of the presence of pleural and/or peritoneal effusion develop.

**HOSPITAL NAME**

Nevada Humane Society

**REFERRING VET**

Dr. Slatin



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PATIENT

Juggernaut NHS

SPECIES

Feline

BREED

DSH

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AGE

7 mo

WEIGHT

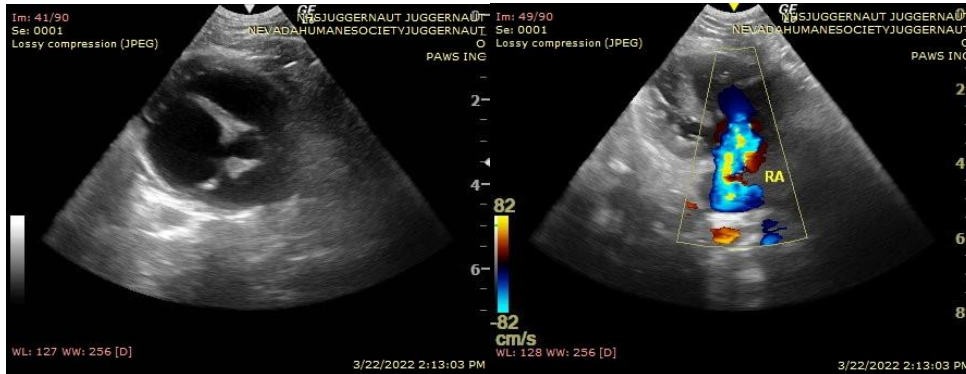
10.3 lb

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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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