


PRESENTING CLINICAL SIGNS

History: Radiographic cardiomegaly. Pre-anesthetic evaluation (OHE).

DATE

3/23/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

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 hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. 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 - 9.4 mm
 LA/Ao - 1.40
 IVSd - 3.6 mm
 LVPWd - 3.6 mm
 LVIDd - 12.5 mm
 LVIDs - 5.2 mm
 FS - 58.4%
 RA - 8.7 mm
 LVOT - 1.00 m/s
 RVOT - 0.78 m/s
 TR - 1.37 m/s

PATIENT

Serafina Munao

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS
BREED

This examination demonstrates mild regurgitation of blood across Serafina's tricuspid valve, which, given her age, is likely due to the presence of a mild form of valvular dysplasia. The hemodynamic effects of the regurgitation appear to be mild, as Serafina does not have secondary dilation of either of her right heart chambers. As such, Serafina's right-sided cardiac function appears to be well-compensated, and her current risk for the development of clinical signs secondary to her regurgitation appears to be low.

DSH
SEX

FI

Serafina's cardiovascular risk for general anesthesia is low based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and 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

9 mo

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 6-9 months to monitor for disease progression.

WEIGHT

5.3 lb

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff



DATE

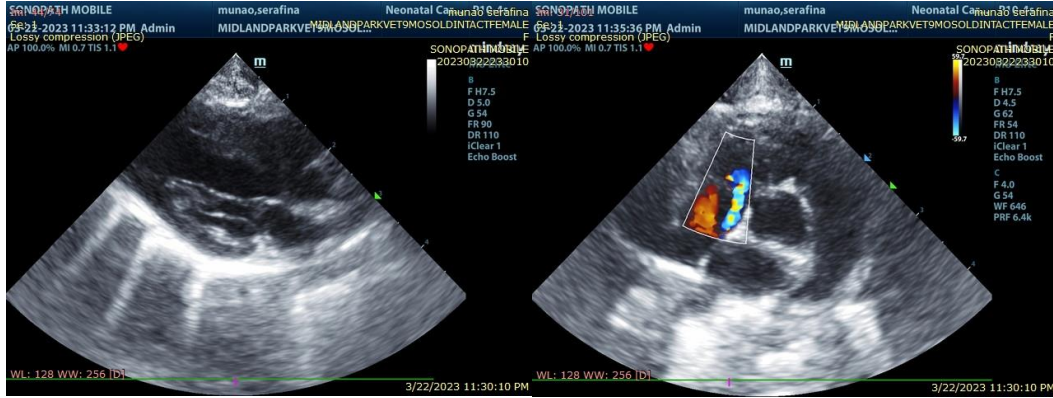
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Serafina Munao

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.

SPECIES

Feline

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

BREED

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