


RESENTING CLINICAL SIGNS

History: Grade 2/6 murmur. Pre-anesthetic evaluation.

DATE

3/25/22

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 is normal. There is mild hypertrophy of the basilar-most portion of the interventricular septum. The remainder of the septum and left ventricular posterior wall thickness are normal in thickness. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. 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 shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao – 1.14
 IVSd – 6.2 mm
 LVPWd – 5.3 mm
 LVIDd – 13.0 mm
 LVIDs – 7.0 mm
 FS – 46%
 LVOT – 0.78 m/s
 RVOT – 0.81 m/s

PATIENT

Vernon Kaplan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 y

WEIGHT

15.2 lb

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

ASSESSMENT/RECOMMENDATIONS

This examination is equivalent for the presence of cardiac disease, as Vernon has mild hypertrophy of the basilar portion of his interventricular septum. This could potentially represent a focal lesion of hypertrophic cardiomyopathy (HCM), however, focal basilar hypertrophy is commonly seen in cats over the age of 11 and could potentially represent a normal age-related change. If focal HCM is present, the hemodynamic effects of the disease would appear to be mild, as Vernon's current risk for the development of congestive heart failure or thromboembolic disease appears to be low.

No reason for Vernon's murmur is appreciated in the image set.

Vernon's cardiovascular risk for general anesthesia is at most mildly increased based on this exam, and I 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.

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



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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

Vernon Kaplan

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

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