



**PRESENTING CLINICAL SIGNS**

History: Abnormal SNAP BNP. Mild ALT elevation.

**DATE**

3/3/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY**

Dr. Samuel Gabriel

**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 hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though very mild tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Bruiser Stevenson

LA/Ao – 1.49  
IVSd – 5.4 mm  
LVPWd – 5.2 mm  
LVIDd – 11.9 mm  
LVIDs – 5.1 mm  
FS – 57%  
LVOT – 0.97 m/s  
RVOT – 0.55 m/s

**ASSESSMENT/RECOMMENDATIONS**

**SPECIES**

Feline

The only abnormality seen in this exam is very mild regurgitation of blood across Bruiser’s tricuspid valve. The hemodynamic effects of the regurgitation also appear to be mild, as Bruiser does not have secondary dilation of either of his right heart chambers, indicating that his current risk for the development of clinical signs secondary to his regurgitation appears to be low.

**BREED**

No therapy is recommended based on this exam.

**DSH**

A recheck echocardiogram is recommended in 12 months to monitor for disease progression, sooner if new clinical signs compatible with cardiac dysfunction develop.

**SEX**

**MN**

**AGE**

15 y

**WEIGHT**

15 lb

**HOSPITAL NAME**

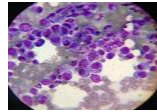
Samuel Gabriel

**REFERRING VET**

Dr. Gabriel



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.

**DATE**

3/3/22

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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**PATIENT**

Bruiser Stevenson

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