



PRESENTING CLINICAL SIGNS

History: Elevated BNP (128). Decreased appetite, lethargy. History of low-grade T-cell intestinal lymphoma. Radiographs show splenomegaly. Receiving prednisolone and Cerenia.

DATE

3/30/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Dreidel Petty

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. 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 is normal. 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/Ao - 1.42
IVSd - 4.8 mm
LVPWd - 4.9 mm
LVIDd - 15.3 mm
LVIDs - 5.9 mm
FS - 61%
LVOT - 0.87 m/s
RVOT - 0.63 m/s

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 y

WEIGHT

13.9 lb

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

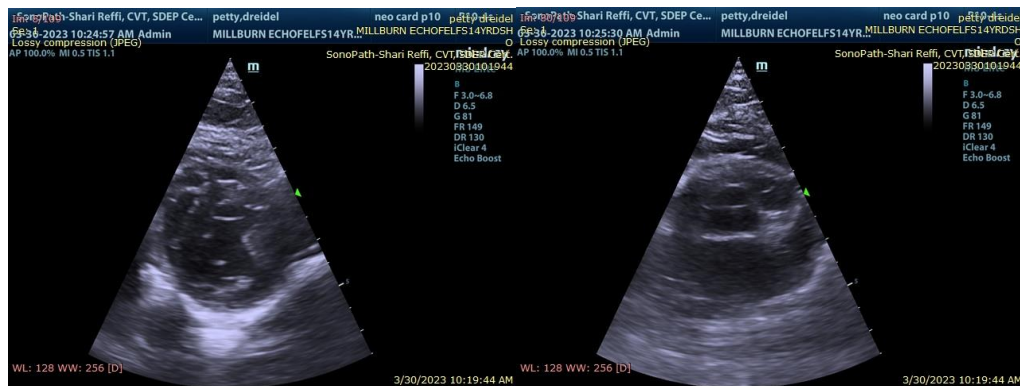
ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

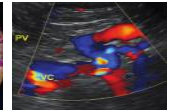
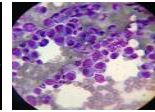
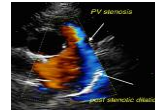
This examination demonstrates no evidence of structural heart disease, as trace mitral regurgitation can be considered a normal physiologic variant. As such, no reason for Dreidel's elevated BNP level is appreciated in the image set. It's possible that the elevation could be a false positive, though consideration should be given to a non-cardiogenic cause of the elevation, such as azotemia, systemic hypertension, and hyperthyroidism.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop.



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

3/30/23

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

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