



RESENTING CLINICAL SIGNS

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

DATE

4/14/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Alister Wetzel

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. There is moderate right atrial and mild right ventricular dilation. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao - 1.30
IVSd - 4.3 mm
LVPWd - 4.2 mm
LVIDd - 12.8 mm
LVIDs - 4.9 mm
FS - 61.7%
LVOT - 0.80 m/s
RVOT - 0.92 m/s

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

9.2 lb

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

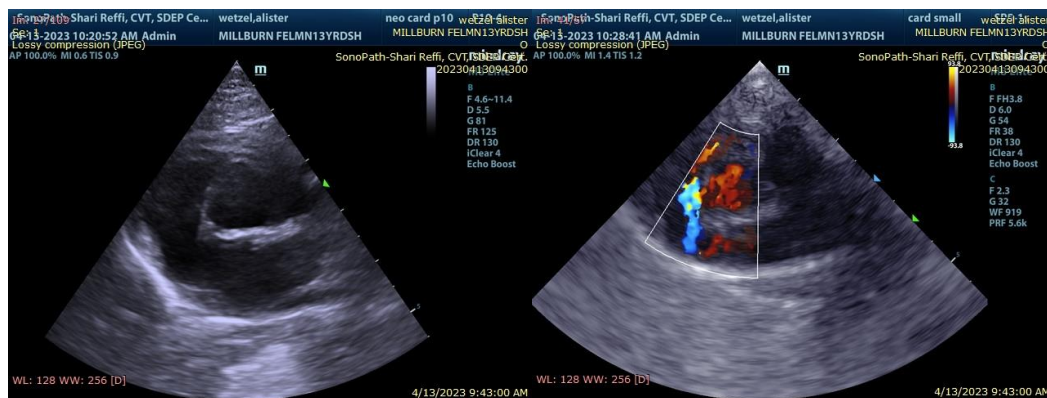
ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild regurgitation of blood across Alister's tricuspid valve. The hemodynamic effects of the regurgitation also appear to be mild, as Alister does not have secondary dilation of either of his right heart chambers. As such, Alister's current risk for the development of clinical signs secondary to his tricuspid regurgitation appears to be low.

Alister's cardiovascular risk for general anesthesia appears to be 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.

No therapy is recommended based on this exam.

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

DATE

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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.

PERFORMED BY:

Keith Blass, DVM, MS, DACVIM (Cardiology)

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