



RESENTING CLINICAL SIGNS

History: Pre-anesthetic ECG showed LAFB.

DATE

4/8/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sarah Pender, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Cinnamon Murphy

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 very mild tricuspid regurgitation is present. 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 - 1.34
IVSd - 4.5 mm
LVPWd - 4.6 mm
LVIDd - 12.8 mm
LVIDs - 4.6 mm

FS - 64%
LVOT - 1.06 m/s
RVOT - 0.94 m/s

ASSESSMENT/RECOMMENDATIONS

SPECIES

Feline

The only abnormality seen in this exam is very mild regurgitation of blood across Cinnamon's tricuspid valve. The hemodynamic effects of the regurgitation are negligible, and Cinnamon's cardiac function appears to be well-compensated. No reason for Cinnamon's fascicular block is seen in this exam, and it appears that the block is purely an electrical disturbance.

BREED

DSH

Cinnamon's cardiovascular risk for general anesthesia is low based on this exam, though I do recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 10% as precautions.

SEX

MN

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 1 year, sooner if new clinical signs compatible with cardiac dysfunction develop.

AGE

15 y

WEIGHT

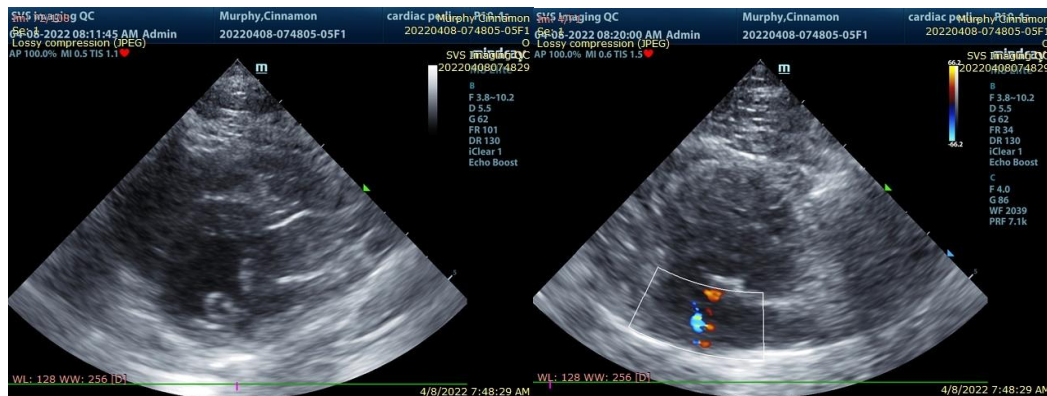
17.6 lb

HOSPITAL NAME

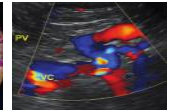
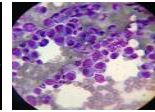
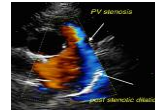
SVS Imaging QC

REFERRING VET

Dr. Elliott



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.

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

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